

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

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**May 21 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 855864 (5)**  
1. Corporation Name  
**CUSTODIS-COTTRELL, INC.**



Principal Place of Business: **1 PIERCE PLACE SUITE 1500 W ITASCO IL 60143**  
Mailing Address: **P.O. BOX 1500 SOMERVILLE NJ 08876-1251**

3. Date Incorporated or Qualified: **03/23/1983**  
3a. Date of Last Report: **07/17/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	22-2103022	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature to be principal name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SOWIZAL, JOHN C.</b>	1.2 NAME	<b>JOSEPH R VIDAL</b>
STREET ADDRESS	<b>1 PIERCE PLACE SUITE 1500 W.</b>	1.3 STREET ADDRESS	<b>292 S IRVING ST</b>
CITY- ST- ZIP	<b>ITASCA IL 60143</b>	1.4 CITY- ST- ZIP	<b>RIDGEWOOD NJ 07450</b>
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HAVERLUCK, HARVEY</b>	2.2 NAME	<b>JOSEPH F DEMARTINO</b>
STREET ADDRESS	<b>1 PIERCE PLACE SUITE 1500W</b>	2.3 STREET ADDRESS	<b>160 SPRINGDALE LN</b>
CITY- ST- ZIP	<b>ITASCA IL 60143</b>	2.4 CITY- ST- ZIP	<b>ROCKINGDALE IL 60108</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRITZ, WAYNE</b>	3.2 NAME	
STREET ADDRESS	<b>1 PIERCE PLACE SUITE 1500 W</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>ITASCO IL 60143</b>	3.4 CITY- ST- ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VIDAL, JOSEPH</b>	4.2 NAME	
STREET ADDRESS	<b>US HIGHWAY 22 W</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>BRANCHBURG NJ 08876</b>	4.4 CITY- ST- ZIP	
TITLE	<b>AT</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>QUINN, ANN</b>	5.2 NAME	
STREET ADDRESS	<b>US HIGHWAY 22 W</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>BRANCHBURG NJ 08876</b>	5.4 CITY- ST- ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Wayne Fritz **WAYNE M. FRITZ** 5/5/97 630-875-3305  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)