

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

**FILED**  
**Feb 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 855864 (5)**

1. Corporation Name  
**CUSTODIS-COTTRELL, INC.**



Principal Place of Business <b>1 PIERCE PLACE                  SUITE 1500 W                  ITASCO IL 60143</b>	Mailing Address <b>P.O. BOX 1500                  SOMERVILLE NJ 08876</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>03/23/1983</b>	4. FEI Number <b>22-2103022</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
22. City & State	27. City & State	24. Zip	25. Country	29. Zip
23. Zip	28. Country	30. Country		

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

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>P VIDAL, JOSEPH R</b>	1.2 NAME	
STREET ADDRESS	<b>292 S IRVING ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RIDGEWOOD NJ</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VP DEMARTINO, JOSEPH</b>	2.2 NAME	
STREET ADDRESS	<b>160 SPRINGDALE LANE</b>	2.3 STREET ADDRESS	<b>US HIGHWAY 22 W</b>
CITY-ST-ZIP	<b>BLOOMINGDALE IL</b>	2.4 CITY-ST-ZIP	<b>BRANCHBURG NJ 08876</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>SD FRITZ, WAYNE</b>	3.2 NAME	<b>SD DOUGLAS A. SATZGER</b>
STREET ADDRESS	<b>1 PIERCE PLACE SUITE 1500 W</b>	3.3 STREET ADDRESS	<b>US HIGHWAY 22 W</b>
CITY-ST-ZIP	<b>ITASCO IL 60143</b>	3.4 CITY-ST-ZIP	<b>BRANCHBURG NJ 08876</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD 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	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>AT 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 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: *Sandra B. Mortham*

CR2E034 (10/97)