

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857359** (4)
1. Corporation Name
GELDERMANN, INC.

Principal Place of Business

MR. JOHN J. DILL
ONE CONAGRA DR C-360
OMAHA NE 68102-2001

Mailing Address

MR. JOHN J. DILL
ONE CONAGRA DR C-360
OMAHA NE 68102-2001

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
08/09/1983

3a. Date of Last Report
04/14/1994

4. FEI Number
47-0656837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032.
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 **440 LASALLE ST., 20TH FL.**

Suite, Apt. #, etc.

City & State
23 **CHICAGO, IL**

Zip Country
24 **60605** 25

2a. Mailing Address
26 **440 LASALLE ST., 20TH FL.**

Suite, Apt. #, etc.

City & State
28 **CHICAGO, IL**

Zip Country
29 **60605** 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

Signature typed or printed below of registered agent and the corporation.

(NOTE: Registered Agent signature required when instituting.)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CURLEY, JAMES R.
STREET ADDRESS	62 EQUAL RD.
CITY ST ZIP	LAKE FOREST IL
TITLE	VD
NAME	GELDERMANN, THOMAS A.
STREET ADDRESS	39608 TOM MORRIS ROAD
CITY ST ZIP	SCOTTSDALE AZ
TITLE	I
NAME	PRITCHER, CONRAD
STREET ADDRESS	1111 LOVELL COURT
CITY ST ZIP	ELK GR
TITLE	VS
NAME	MATTHEWS, GLORIA J.
STREET ADDRESS	6720 SO EUCLID
CITY ST ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	ROBERT LEDVORA
2.3 STREET ADDRESS	440 LASALLE ST., 20TH FL.
2.4 CITY ST ZIP	CHICAGO, IL 60605
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	WILLIAM R. BRENNAN
3.3 STREET ADDRESS	440 S. LASALLE ST., 20TH FL.
3.4 CITY ST ZIP	CHICAGO, IL 60605
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	GE/S
4.3 STREET ADDRESS	GARY M. RINDNER
4.4 CITY ST ZIP	225 LIBERTY ST., 27TH FL. NEW YORK, NY 10080-6127
5.1 TITLE	☐ Change ☒ Addition
5.2 NAME	CONRAD PRITCHER
5.3 STREET ADDRESS	1111 LOVELL COURT
5.4 CITY ST ZIP	ELK GROVE, IL 60007
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	THOMAS M. HART
6.3 STREET ADDRESS	225 LIBERTY ST., 27TH FL.
6.4 CITY ST ZIP	NEW YORK, NY 10080-6127

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(5)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 17, 1995 566-9102