

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 20, 2005 8:00 am**  
**Secretary of State**

05-20-2005 90031 003 \*\*\*550.00

**DOCUMENT # F01000001200**

1. Entity Name

**ALPS WIRE ROPE CORPORATION**



Principal Place of Business

**1947 QUINCY COURT  
GLENDALE HEIGHTS IL 60139**

Mailing Address

**1947 QUINCY COURT  
GLENDALE HEIGHTS IL 60139**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

**36-2663070**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete  
NAME **BENNER, JAMES E**  
STREET ADDRESS **526 STEVENS COURT**  
CITY-ST-ZIP **SLEEPY HOLLOW IL 60118**

TITLE **P-D** ☐ Change ☒ Addition  
NAME **JOHN M. SAKACH**  
STREET ADDRESS **22 W. 377 ELMWOOD DR**  
CITY-ST-ZIP **GLEN ELLYN, ILL 60137**

TITLE **ST** ☒ Delete  
NAME **BENNER, ROSS A**  
STREET ADDRESS **1463 ASHWOOD DRIVE**  
CITY-ST-ZIP **ELGIN IL 60123**

TITLE **S-D** ☐ Change ☒ Addition  
NAME **MICHAEL E. SAKACH**  
STREET ADDRESS **600 TURNER AVE**  
CITY-ST-ZIP **GLEN ELLYN, ILL. 60137**

TITLE **D** ☒ Delete  
NAME **BARRY, THOMAS Q**  
STREET ADDRESS **3901 LAWN AVENUE**  
CITY-ST-ZIP **WESTERN SPRINGS IL 60558**

TITLE **D** ☐ Change ☒ Addition  
NAME **ROBERT J. KUHN**  
STREET ADDRESS **310 S. COUNTY FARM RD**  
CITY-ST-ZIP **WHEATON, ILL. 60187**

TITLE **D** ☒ Delete  
NAME **DRISCOLL, JOHN**  
STREET ADDRESS **3016 COUNTRY CLUB DRIVE**  
CITY-ST-ZIP **JEFFERSON CITY MO 65161**

TITLE **V-D** ☐ Change ☒ Addition  
NAME **BRADLEY J. BENNER**  
STREET ADDRESS **1178 HANOVER DR.**  
CITY-ST-ZIP **BATAVIA, ILL. 60510**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V-D** ☐ Change ☒ Addition  
NAME **HENRY R. VOGEL**  
STREET ADDRESS **289 NORTHWOOD RD**  
CITY-ST-ZIP **RIVERVIEW, ILL 60546**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **BRADLEY J. BENNER VICE PRESIDENT 5/16/2005 (630) 883-8888**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #