

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F01000006603</b>		
1. Entity Name <b>IRWIN TELESCOPIC SEATING COMPANY</b>		
Principal Place of Business <b>PO BOX 320 ALTAMONT, IL 62411</b>		Mailing Address <b>PO BOX 320 ALTAMONT, IL 62411</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		
04192004 No Chg-P CR2E034 (10/03)		
4. FEI Number <b>37-1173073</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		
<b>STEVE WARD AND ASSOCIATES 4424 NORTHWEST 13TH ST., STE A4 GAINESVILLE, FL 32609</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>		
DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		<b>U000000124354 04/22/04-80042-007 150.00</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P HOLTZ, JOHN 15433 N. SIEMER RD. EFFINGHAM, IL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT WALDO, DOUG R.R. 1 BOX 39 ST ELMO, IL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S CONNER, RUSTY 8898 N. 650TH ST ALTAMONT, IL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE 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)(j), 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: <u>Douglas Waldo</u> <b>DOUGLAS WALDO</b> 04/19/04 618-483-6157 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		