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

FILED
95 MAY -1 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000171 (9)**

1. Corporation Name
RUST REMEDIAL SERVICES, INC.

Principal Place of Business	Mailing Address
ATTN: BARBARA L. BIER ~~PALOS HEIGHTS IL 60463~~ US 3003 Butterfield Rd. Oak Brook, IL 60521	ATTN: BARBARA L. BIER 3003 BUTTERFIELD RD ~~PALOS HEIGHTS IL 60463~~ US Oak Brook, IL 60521

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/04/1993	3a. Date of Last Report: 04/27/1994
4. FEI Number: 36-3833577	☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	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, typed or printed 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	PD	11 TITLE	☒ Change ☐ Addition
NAME	~~BAKER, SCOTT T~~	12 NAME	Barnhart, Victor J.
STREET ADDRESS	~~3001~~ BUTTERFIELD RD.	13 STREET ADDRESS	3003
CITY-ST-ZIP	OAKBROOK IL	14 CITY-ST-ZIP	
TITLE	~~VPD~~	21 TITLE	☒ Change ☐ Addition
NAME	SHERMAN, STEPHEN P	22 NAME	VP
STREET ADDRESS	~~3001~~ BUTTERFIELD RD.	23 STREET ADDRESS	3003
CITY-ST-ZIP	OAK BROOK IL	24 CITY-ST-ZIP	
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	MEACHUM, JOHN W	32 NAME	
STREET ADDRESS	~~3001~~ BUTTERFIELD RD.	33 STREET ADDRESS	3003
CITY-ST-ZIP	OAK BROOK IL	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☒ Change ☐ Addition
NAME	BROWN, MICHAEL T	42 NAME	
STREET ADDRESS	~~3001~~ BUTTERFIELD RD.	43 STREET ADDRESS	3003
CITY-ST-ZIP	OAK BROOK IL	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☒ Change ☐ Addition
NAME	BIER, BARBARA L	52 NAME	
STREET ADDRESS	~~3001~~ BUTTERFIELD RD.	53 STREET ADDRESS	3003
CITY-ST-ZIP	OAK BROOK IL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☒ Change ☐ Addition
NAME	GILBERT, RODNEY C	62 NAME	
STREET ADDRESS	~~3001~~ BUTTERFIELD RD.	63 STREET ADDRESS	3003
CITY-ST-ZIP	OAK BROOK IL	64 CITY-ST-ZIP	

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 119.07(3)(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: Barbara L. Bier 708/572-8841
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Barbara L. Bier, Assistant Secretary

0480408 FP