

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F93000002097

1. Entity Name
ASF-KEYSTONE, INC.



Principal Place of Business
3420 SIMPSON FERRY ROAD
P.O. BOX 456
CAMP HILL, PA 17001

Mailing Address
205 N. MICHIGAN AVENUE
44TH FLOOR
CHICAGO, IL 60601

DO NOT WRITE IN THIS SPACE



04262005 No Chg-P CR2E034 (10/03)

4. FEI Number
36-2933976

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE P
NAME WORIES, JOHN JR
STREET ADDRESS 1700 WALNUT ST
CITY-ST-ZIP GRANITE CITY, IL 62040

TITLE CST
NAME STOPKA, ERIC
STREET ADDRESS 1700 WALNUT ST
CITY-ST-ZIP GRANITE CITY, IL 62040

TITLE AS
NAME BROSIUS, EDWARD J
STREET ADDRESS 205 N MICHIGAN AVE 44TH FLOOR
CITY-ST-ZIP CHICAGO, IL 60601

TITLE AC
NAME FRANSON, MARILYN D
STREET ADDRESS 205 N MICHIGAN AVE 44TH FL
CITY-ST-ZIP CHICAGO, IL 60601

TITLE AT
NAME LITWIN, DANIEL J
STREET ADDRESS 205 N MICHIGAN AVE 44TH FLOOR
CITY-ST-ZIP CHICAGO, IL 60601

TITLE D
NAME FISCHER, PAUL F
STREET ADDRESS 205 N. MICHIGAN AVE, 44TH FL
CITY-ST-ZIP CHICAGO, IL 60601

**DO NOT WRITE
IN THIS SPACE**

1000000259007
05/04/05-80138-008 150.00

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: _____

Marilyn D. Franson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marilyn D. Franson

4-26-05 312-819-8450

Date

Daytime Phone #