

**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



04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating)

**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 NAME STREET ADDRESS CITY-ST-ZIP	P WORIES, JOHN JR 1700 WALNUT ST GRANITE CITY, IL 62040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CST STOPKA, ERIC 1700 WALNUT ST GRANITE CITY, IL 62040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS BROSIUS, EDWARD J 205 N MICHIGAN AVE 44TH FLOOR CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AC FRANSON, MARILYN D 205 N MICHIGAN AVE 44TH FL CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT LITWIN, DANIEL J 205 N MICHIGAN AVE 44TH FLOOR CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISCHER, PAUL F 205 N. MICHIGAN AVE, 44TH FL CHICAGO, IL 60601

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05/04/05-80138-008 150.00

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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 Marilyn D. Franson 4-26-05 312-819-8450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #