

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000004465 (1)

1. Corporation Name

UNION SPECIAL CORPORATION



Principal Place of Business

ONE UNION SPECIAL PLAZA  
HUNTLEY IL 60142

Mailing Address

ONE UNION SPECIAL PLAZA  
HUNTLEY IL 60142

3. Date Incorporated or Qualified  
10/04/1993

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number

36-1893860

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PDC	<input type="checkbox"/> DELETE
NAME	SUZUKI, MIKIO	
STREET ADDRESS	ONE UNION SPECIAL PLAZA	
CITY-ST-ZIP	HUNTLEY IL 60142	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CROSS, H. RANDY	
STREET ADDRESS	ONE UNION SPECIAL PLAZA	
CITY-ST-ZIP	HUNTLEY IL 60142	
TITLE	S	<input type="checkbox"/> DELETE
NAME	FUNAI, M	
STREET ADDRESS	ONE UNION SPECIAL PLAZA	
CITY-ST-ZIP	HUNTLEY IL 60142	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MERCURE, JOSEPH E	
STREET ADDRESS	ONE UNION SPECIAL PLAZA	
CITY-ST-ZIP	HUNTLEY IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HITPAS, TERENCE A	
STREET ADDRESS	ONE UNION SPECIAL PLAZA	
CITY-ST-ZIP	HUNTLEY IL 60142	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Erickson
2.3 STREET ADDRESS	One Union Special Plaza
2.4 CITY-ST-ZIP	Huntley, IL 60142
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Paul Hauke
4.3 STREET ADDRESS	One Union Special Plaza
4.4 CITY-ST-ZIP	Huntley, IL 60142
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: x *Terence A. Hitpas* Terence A. Hitpas

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 847 6695/01

Date

Daytime Phone #

CR2E034 (12/95)