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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 9:55

DOCUMENT # **F94000001166 (7)**

1. Corporation Name
ESMA, INC.

Principal Place of Business	Mailing Address
1303 E. ALGONQUIN ROAD SCHAUMBURG IL 60196	1303 E. ALGONQUIN ROAD SCHAUMBURG IL 60196

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/08/1994
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: APPLIED FOR 36-3933651 ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 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	DP	11 TITLE	☐ Change ☐ Addition
NAME	SEVERNS, RICHARD D	12 NAME	
STREET ADDRESS	1301 E. ALGONQUIN ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60196	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	VESTAL, JOSEPH B	22 NAME	
STREET ADDRESS	1301 E. ALGONQUIN ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60196	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	DV ☒ Change ☐ Addition
NAME	WRIGHT, FRED	32 NAME	SODERBERG, LEIF
STREET ADDRESS	1301 E. ALGONQUIN ROAD	33 STREET ADDRESS	1303 E. ALGONQUIN CORP
CITY-ST-ZIP	SCHAUMBURG IL 60196	34 CITY-ST-ZIP	SCHAUMBURG, IL 60196
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	KOENEMANN, CARL	42 NAME	
STREET ADDRESS	1303 E. ALGONQUIN ROAD	43 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60196	44 CITY-ST-ZIP	
TITLE	T	51 TITLE	REMITTED BY MAY 1 ☐ Addition
NAME	MILNE, GARTH L	52 NAME	
STREET ADDRESS	1303 E. ALGONQUIN ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL 60196	54 CITY-ST-ZIP	
TITLE	S	61 TITLE	ASST. SECRETARY ☐ Change ☒ Addition
NAME	LAWSON, A. PETER	62 NAME	RAY A. DYBALA
STREET ADDRESS	1303 E. ALGONQUIN ROAD	63 STREET ADDRESS	1303 E. ALGONQUIN ROAD
CITY-ST-ZIP	SCHAUMBURG IL 60196	64 CITY-ST-ZIP	SCHAUMBURG, IL 60196

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)(i), 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: [signature] SECRETARY 4/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000201 CP