## **FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9400003049 (3)

IRON VENTURE SUBSIDIARY, INC.

Principal Place of Business

Mailing Address

## FILED Apr 27 1998 8:00am Secretary of State



C/O BAC GLOBAL INC. 2345 WAUKEGAN ROAD BANNOCKBURN IL 60015		C/O IMC GLOBAL INC. 2345 WAUKEGAN ROAD BANNOCKBURN IL 60015			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  06/10/1994		
	ace of Business	2a. Mailing Address			4. FEI Number 36-3959240	-	Applied For Not Applicable
21 Suite, Apt. #, etc.		Suite, Apt. #, etc.		<del></del>	ΦΩ	75 Additional	
22		27		5. Certificate of Status Desired		ee Required	
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution		.00 May Be ided to Fees
Zip 24	Country 25	7ıp 29	30 Country	<del>/</del>	This corporation owes or has paid the corporate Personal Property Tax due June 30.	Yes	ar Intangible No
	9. Name and Address of Curren	t Registered Agent		T	10. Name and Address of New Registered	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD				81 Name			
	INTATION FL 33324		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
			83				
			84	City	FI	85	Zip Code
SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation Signature, typed or printed name of registered agen				poration submits this statement for the purpose ation's board of directors. I hereby accept the apparent when reinstating)  DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	VP	X DELETE	1.1 TITLE			L) Ch	ange L Addition
NAME	SMITH, BRIAN J 2100 SANDERS ROAD		1.2 NAME				
STREET ADDRESS	NORTHBROOK IL 60062			T ADDRESS			
CITY-ST-ZIP TITLE	VAS	DELETE	1.4 CiTY-1 2.1 TiTLE	ST-ZIP		☐] Ch	ange Addition
NAME	SMITH, MARSCHALL I	- Steer	2.2 NAME				J., 2000
STREET ADDRESS	2100 SANDERS ROAD			T ADDRESS			
CITY-ST-ZIP	NORTHBROOK IL 60062		2 4 CITY-	ST-ZIP			
TITLE	\$	DELETE	3.1 TITLE			☐ Ch	ange Addition
NAME	WILLIAMS, ROSE MARIE		3.2 NAME				
STREET ADDRESS	2100 SANDERS ROAD NORTHBROOK IL 60062			T ADDRESS			
CITY-ST-ZIP	D D D D D D D D D D D D D D D D D D D	X DELETE	3 4. CITY-	ST-ZiP		□ Ch	ange Addition
TITLE NAME	MCCLUSKEY, EUGENE M	(K) Detere	4.1 TITLE 4.2 NAME				alige Li Addition
STREET ADDRESS	2345 WAUKEGAN ROAD SUI	TE 200E		T ADDRESS			
CITY-SI-ZIP	BANNOCKBURN IL 60015-551		4.3 STREE				
TITLE		☐ DELETE	51 TITLE			Ch	ange 🔲 Addition
NAME			52 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			F=14
TITLE		<b>□</b> DELETE	61 TITLE			☐ Ch	ange 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			6.4 CITY	ST-ZIP I			

14. 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 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 is banged, or on an attachment with an address.

Secretary 4-20-98

(847) 607-3000

:R2E034 (10/97)