

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 # F94000005193 (7)

1. Corporation Name

AERO-METRIC, INC.



Principal Place of Business

4708 NORTH 40TH ST.
SHEBOYGAN WI 53082

Mailing Address

P O BOX 380804
BIRMINGHAM AL 35242
US

2. Principal Place of Business

21 3003 Butterfield Rd

Suite, Apt. #, etc.

22 City & State

23 Oak Brook, IL

24 Zip

60521

Country

25 DuPage

2a. Mailing Address

26 3003 Butterfield Road

Suite, Apt. #, etc.

27 City & State

28 Oak Brook IL

29 Zip

60521

Country

30 DuPage

3. Date Incorporated or Qualified
10/06/1994

3a. Date of Last Report
02/28/1995

4. FEI Number
39-1133181

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

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

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 date of appointment

NOTE: Registered Agent signature required when registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE C
NAME LEONHARDT, THOMAS C
STREET ADDRESS 4708 NORTH 40TH ST.
CITY - ST - ZIP SHEBOYGAN WI 53082

TITLE P
NAME SCHUR, BERNARD S
STREET ADDRESS 4708 NORTH 40TH ST.
CITY - ST - ZIP SHEBOYGAN WI 53082

TITLE V
NAME OLSON, PATRICK M
STREET ADDRESS 4708 NORTH 40TH ST.
CITY - ST - ZIP SHEBOYGAN WI 53082

TITLE V
NAME BAIDEN, DAWN L
STREET ADDRESS 4708 NORTH 40TH ST.
CITY - ST - ZIP SHEBOYGAN WI 53082

TITLE V
NAME BROWER, A. BRENT
STREET ADDRESS 4708 NORTH 40TH ST.
CITY - ST - ZIP SHEBOYGAN WI 53082

TITLE V
NAME COMBS, JOHN E
STREET ADDRESS 4708 NORTH 40TH ST.
CITY - ST - ZIP SHEBOYGAN WI 53082

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary
1.2 NAME Barbara L. Bier
1.3 STREET ADDRESS 3003 Butterfield Road
1.4 CITY - ST - ZIP Oak Brook, IL 60521

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

600001774056
-04/09/96--01092--047
***200.00

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 Barbara L. Bier Barbara L. Bier, Assistant Secretary 3/15/96 708/572-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E034 (12/95)