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FILED

May 15 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3003 BUTTERFIELD RD.
OAK BROOK IL 60521

Mailing Address

3003 BUTTERFIELD RD.
OAK BROOK IL 60521-1107



2. Principal Place of Business

21 3003 Butterfield Road
Suite, Apt. #, etc.

2a. Mailing Address

26 3003 Butterfield Road
Suite, Apt. #, etc.

22 City & State

23 Oak Brook, IL

27 City & State

28 Oak Brook, IL

24 Zip

60521

25 Country

DuPage

29 Zip

60521

30 Country

DuPage

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified
10/06/1994

3a. Date of Last Report
04/09/1996

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

DELETE

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

DELETE

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

DELETE

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

DELETE

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

DELETE

TITLE AS
NAME BIER, BARBARA L
STREET ADDRESS 3003 BUTTERFIELD RD.
CITY-ST-ZIP OAK BROOK IL 60521

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Assistant Secretary
1.2 NAME Jan Stern Reed
1.3 STREET ADDRESS 3003 Butterfield Road
1.4 CITY-ST-ZIP Oak Brook, IL 60521

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

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

Change Addition

14. I do 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 if changed, or on an attachment with an address.

SIGNATURE

Jan Stern Reed

1-17-97

CR2E034 (9/96)