

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

FILED
May 01 1998 8:00am
Secretary of State

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/06/1994

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

39-1133181

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

25

29

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8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **AS**
STREET ADDRESS **REED, JAN S**
CITY-ST-ZIP **3003 BUTTERFIELD RD
OAK BROOK IL**

11 TITLE ☒ Change ☐ Addition
12 NAME **Carrie L. Cozzi**
13 STREET ADDRESS
14 CITY-ST-ZIP

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

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

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

31 TITLE ☒ Change ☐ Addition
32 NAME **VD**
33 STREET ADDRESS **D.P. Payne**
34 CITY-ST-ZIP **3003 Butterfield Road,
Oak Brook, Illinois 60523**

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

41 TITLE ☒ Change ☐ Addition
42 NAME **VD**
43 STREET ADDRESS **n/k/a Dawn, Schwark**
44 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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 if changed, or on an attachment with an address.

SIGNATURE *Carrie L. Cozzi*

CP2E034 (10/97)