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

APPROVED
AND
FILED

95 APR 28 AM 10:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000005636 (5)**

1. Entity Name
GALCORP INC. OF ILLINOIS

Principal Place of Business
825 E. ROOSEVELT RD.
SUITE 192
LOMBARD IL 60148

Mailing Address
825 E. ROOSEVELT RD.
SUITE 192
LOMBARD IL 60148

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/31/1994**	3a. Date of Last Report:
4. FEI Number: **36-2313114**	☐ 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 Ch. 199.032 Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business — 21 / Street Address — 22 / City & State — 23 / Zip — 24 / County — 25

2a. Mailing Address — 26 / Street Address — 27 / City & State — 28 / Zip — 29 / County — 30

9. Name and Address of Current Registered Agent

GALLAGHER, JOHN F
771 PARKSIDE CIR., NORTH
BOCA RATON FL 33486

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 Section 607.1007, 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. The 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 TITLE	PTD	☐ Change ☐ Addition
1 NAME	GALLAGHER, JOHN F	
1 STREET ADDRESS	825 E. ROOSEVELT RD.	
1 CITY-ST-ZIP	LOMBARD IL 60148	
2 TITLE	SD	☐ Change ☐ Addition
2 NAME	LITKE, LINDA K	
2 STREET ADDRESS	825 E. ROOSEVELT RD.	
2 CITY-ST-ZIP	LOMBARD IL 60148	
3 TITLE	D	☐ Change ☐ Addition
3 NAME	MORRISSEY, WALTER W	
3 STREET ADDRESS	825 E. ROOSEVELT RD.	
3 CITY-ST-ZIP	LOMBARD IL 60148	
4 TITLE		☐ Change ☐ Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		☐ Change ☐ Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

14. I (we) hereby certify that the information supplied with this filing is absolutely true and correct and that I (we) qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: _____ 4-25-95 4073380582
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR
JOHN F. GALLAGHER

0468465 FP