

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 21 PM 2:40

DOCUMENT # **F94000006592 (9)**

1. Corporation Name

STIMSONITE CORPORATION

Principal Place of Business

7542 N. HATCHEZ AVE.
NILES IL 60714

Mailing Address

7542 N. HATCHEZ AVE.
NILES IL 60714

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/21/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suits, Apt. #, etc.

26 Suits, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

36-3718658

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 fee if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME TAYLOR, JAY R
STREET ADDRESS 1298 W. KAJER LN.
CITY-ST-ZIP LAKE FOREST IL 60045

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

VP Change Addition
PRICONE ROBERT
31175 Bob O Luke Ln
Libertyville IL 60048

TITLE V
NAME CLAUDE, ROBERT E
STREET ADDRESS 1250 WESTERN AVE.
CITY-ST-ZIP LAKE FOREST IL 60045

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

D Change Addition
IGNACZAK ANTHONY
1136 CLIFTON GREENE
CHARLOTTESVILLE VA 22901

TITLE ST
NAME RATCHFORD, THOMAS C
STREET ADDRESS 2291 BIRCHWOOD LN.
CITY-ST-ZIP NORTHFIELD IL 60093

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

D Change Addition
EAGLEBUNGER LAWRENCE
1450 OUSEYVILLE RD
CHARLOTTESVILLE VA 22901

TITLE D
NAME HARVEY, EDWARD T
STREET ADDRESS 1820 EDGEWOOD LN.
CITY-ST-ZIP CHARLOTTESVILLE VA 22903

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

D Change Addition
Poulson Richard
PO Box 247 Rt 700
Orange VA 22960

TITLE D
NAME DANIELS, TERRENCE D
STREET ADDRESS WHILTON RD.
CITY-ST-ZIP GREENWOOD VA 22943

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

D Change Addition
Haider Donald
5347 N. Lake Wood
Chicago IL 60640

TITLE D
NAME CRAWFORD, EDWARD K
STREET ADDRESS 380 KNOLLWOOD ST.
CITY-ST-ZIP WINSTON SALEM NC 27103

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

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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay R Taylor
JAY R. TAYLOR

2/15/95

Date

708-647-7717

Telephone No.