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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

F95000000324 (2)

NEW PME INC.

DOCUMENT #
1. Corporation Name

•	RODENBURG	
	NUMBURG IL 6	

Mailing Address

1475 RODENBURG RD. SCHAUMBURG IL 60193



										3. Date Incorporated o 01/20/1995	r Qualified	3a. Dat	e of Last Re	port	
2. Principal Plac	ce of Busine		2a	Mailing Add	ress					4. FEI Number	····	.1		Applied For	
21	oo o. boome	30	26							36-379775	5		<u> </u>	lot Applicable	
Suite, Apt. #	, etc.		27	Suite, Apt.	#, etc.					5. Certificate of Status	Desired			Additional Required	
City & State			11	City & State						6. Election Campaign f	inancing		\$5.00	May Be	
23				– 1					Trust Fund Contribution Added to Fees						
Zip	Ī	Country		Zip		Cou	untry			8. This corporation has	liability for i	ntangib e t	ax under s	199.032,	
24		25	29			30				Florida Statutes	☐ Yes	☐ No			
	9. Name	and Address of Curren	t Regi	stered Agen	t		L.,			10. Name and Addres	s of New R	egistered	Agent		
							81	Name							
		LLL CORPORATION S	YSTE	M, INC.			82	Street	Addres	ddress (P.O. Box Number is Not Acceptable)					
	Magnolia						LJ								
TALLAHASSEE FL 32301							83								
							84	City					85 Zig	Code	
							``	Jity				FL	- 5 2	, 0000	
or registere familiar with SIGNATURE	d agent, or b n, and accep	ooth, in the State of Floric t the obligations of, Secti	la. Suc on 607	ch change wa 1.0505, Florida	s authorize: a Statutes.	d by the	corp	oration's	board	tion submits this statemen of directors. I hereby acc	I for the pur ept the appo	ointment a	nanging its re s registered	egistered office agent. I am	
12.	Signature, typed o	r printed name of registered agent OFFICERS AND			(NOTI	L: Hegistere	d Agen	il signaturo •	ецигео м	when reinstatings ADDITIONS/CHANG	ES TO OFF	DATE ICERS AN	D DIRECTO	RS IN 12	
TITLE	PSTD	OFFICENS AND	DINE		LETE	111	TITLE		r	ADDITIONS/OFFARC	10 0171	OLNO AIN	Change	Addition	
NAME		z, siegfried		[] (i		- 8	IAME						ondago		
		ODENBURG RD.						4000000							
STREET ADDRESS		IMBURG IL 60193						ADDRESS							
CITY-ST-ZIP TITLE	D	MIDOLIO IL CO 180			ELETE	2.1	ITY-S	1 - ZIP	ļ		·		Change	Addition	
		DT, JOSEF		اما زييا			IAME						L Onlings		
NAME		ODENBURG RD.						*******							
STREET ADDRESS		IMBURG IL 60193				I		ADDRESS							
CITY-ST-ZIP TITLE	D	MIDOLICA IL GO 130		[] Di	ELETE	3.1	ITY - S	I - ZIP					Change	Addition	
	_	Z, WENDY		L.) 1/1	LLIC										
NAME		ODENBURG RD.					IAME	I ADDDCCC							
STREET ADDRESS		MBURG IL 60193						ADDRESS							
CITY-ST-ZIP TITLE	- COLING	INDOING IE OUTO			FLETE		HTLE	1 - ZIF	-				[] Change	Addition	
							IAME								
NAME OXOGET ADDRESS						1		ADDRESS						•	
STREET ADDRESS								ADDRESS							
CITY-ST-ZIP				—	ELETE		OTY-S TITLE	M - ZIP	 -		 		☐ Change	Addition	
TITLE				ان لــا	LLLIL								广1 ounde	☐ Monitori	
NAME							AME	1000100	1						
STREET ADDRESS								ADDRESS							
CITY-ST-ZIP					ELCTC		CITY-S	I - ZIP	<u> </u>				Change	Addition	
TITLE				L.J U	ELETE		TITLE								
NAME							NAME								
STREET ADDRESS								ADDRESS							
CITY-ST-ZIP		5 T T T T T T T T T T T T T T T T T T T					CITY - S		<u> </u>		7	07(0)(1)	lada Diai 4		
14. I do hereby	certify that	tne information supplied	with thi	is tiling is volu	ntarily furnis	shed and	000	s not qua	any for	r the exemption stated in	section 119.	.07(3)(k), F	iorida Statut	es. I further	

up or sugnemental annual report is true and accurate and that my signature shall have the same legal effect as it made unde for the poeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name attack nent with an address. oath; that I am an officer or director of the corporappears in Block 12 or Block 13 if changes, or an

SIGNATURE: _

847-893-1393