

FILE NOW: FILING FEE AFTER MAY 1ST IS **\$550.00**

FILED  
Jul 22 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1998**



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

DOCUMENT # **F95000006134 (9)**

1. Corporation Name

**SITCO INCORPORATED**



Principal Place of Business

Mailing Address

~~35663 HILLVIEW COURT~~  
~~MUNDELEIN IL 60060~~

~~35663 HILLVIEW COURT~~  
~~MUNDELEIN IL 60060~~

3456 N Ridge Ave.  
Suite 100  
Arlington Heights, IL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**12/15/1995**

2. Principal Place of Business

2a. Mailing Address

21 **3456 N Ridge Ave.**

26 **3456 N Ridge Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 100**

27 **Suite 100**

City & State

City & State

23 **Arlington Heights, IL**

28 **Arlington Heights, IL**

Zip

Country

Zip

Country

24 **60004**

25 **Cook**

29 **60004**

30 **Cook**

4. FEI Number

**94-3136507**

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 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

**C T 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 **P HOVSEPIAN, MICHAEL S JR**

STREET ADDRESS ~~35663 HILLVIEW COURT~~

CITY-ST-ZIP ~~MUNDELEIN IL 60060~~

TITLE ☐ DELETE

NAME **V MCCARTHY, ROBERT**

STREET ADDRESS ~~35663 HILLVIEW COURT~~

CITY-ST-ZIP ~~MUNDELEIN IL 60060~~

TITLE ☐ DELETE

NAME **CFOT BROOMFIELD, DONALD G**

STREET ADDRESS **75 MILFORD RD.**

CITY-ST-ZIP **HUDSON OH 44236**

TITLE ☐ DELETE

NAME **V MILLER, MICHAEL A**

STREET ADDRESS **75 MILFORD RD.**

CITY-ST-ZIP **HUDSON OH 44236**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change ☐ Addition

NAME **P HOVSEPIAN, MICHAEL S JR**

STREET ADDRESS **3456 N Ridge Ave., Suite 100**

CITY-ST-ZIP **Arlington Heights, IL 60004**

☒ Change ☐ Addition

NAME **V MCCARTHY, ROBERT**

STREET ADDRESS **3456 N Ridge Ave., Suite 100**

CITY-ST-ZIP **Arlington Heights, IL 60004**

☐ Change ☐ Addition

NAME

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CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

NAME

STREET ADDRESS

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:

*M J Miller*

7/2/98

280-655-5774

CR2E034 (10/97)