


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90044 040 \*\*\*150.00

<b>DOCUMENT # F96000004198</b>	
1. Entity Name <b>MIDAS INTERNATIONAL CORPORATION</b>	

Principal Place of Business <b>1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143</b>	Mailing Address <b>1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143</b>
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**DO NOT WRITE IN THIS SPACE**

02022004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>36-1265336</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>	<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEOD FELDMAN, ALAN D 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPT MATRE, DAVID W 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DCFO GUZIK, WILLIAM M 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DS MARR, ALVIN K 1300 ARLINGTON HEIGHTS ROAD ITASCA, IL 60143</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Controller Michael Kunstman 1300 Arlington Heights Rd. Itasca, IL 60143</b>

12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Michael K Kunstman **Michael K Kunstman** 2-2-2004 630-436-3055  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
Asst Controller