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FILED  
Mar 09 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 # F96000005820 (3)

1. Corporation Name  
BINKS SAMES CORPORATION

Principal Place of Business  
9201 WEST BELMONT AVENUE  
FRANKLIN PARK IL 60131

Mailing Address  
8201 WEST BELMONT AVENUE  
FRANKLIN PARK IL 60131



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
11/07/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
36-0808480

Applied For  
Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

22. City & State

27. City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

23. Zip

Country

28. Zip

Country

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 PS  
NAME UNSCHULD, DORAN J  
STREET ADDRESS 6201 FOREST GLEN  
CITY-ST-ZIP CHICAGO IL 60645 ☐ DELETE

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

TITLE V  
NAME KENNEDY, STEPHEN R  
STREET ADDRESS 711 JACKSON  
CITY-ST-ZIP RIVER FOREST IL 60305 ☐ DELETE

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

TITLE CD  
NAME SCHORNACK, JOHN J  
STREET ADDRESS 314 REGENT WOOD ROAD  
CITY-ST-ZIP NORTHFIELD IL 60093 ☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☒ Addition  
EXECUTIVE VP/D  
TERENCE P. ROCHE  
230 GALE AVENUE  
RIVER FOREST IL 60305

TITLE D  
NAME MEYER, DONALD F DR  
STREET ADDRESS 30 EAST HURON APT 1809  
CITY-ST-ZIP CHICAGO IL 60611 ☐ DELETE

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

TITLE D  
NAME ROCHE, WILLIAM W  
STREET ADDRESS 11 FAWN LAKE ROAD  
CITY-ST-ZIP DURANGO CO 81301 ☐ DELETE

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

TITLE TCFO  
NAME LEMAJEUR, JEFFREY W  
STREET ADDRESS 9 EAST EMERSON STREET  
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005 ☐ DELETE

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

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: Jeffrey W. Lemajeur 2/24/98 847 671 3660

CF2E034 (10/97)