

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 13 1997 8:00am
Secretary of State

DOCUMENT # F96000006418 (5)

1. Corporation Name

CALUMET MT ACQUISITION CORP.



Principal Place of Business

Mailing Address

2150 E. DOLTON RD.
CALUMET CITY IL 60409-1411

PO BOX 1369
CALUMET CITY IL 60409-1369

2. Principal Place of Business

2a. Mailing Address

21 300 Northstar Court

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Sanford, FL

Zip

Country

Zip

Country

24 32771

25

USA

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

3. Date Incorporated or Qualified

12/09/1986

3a. Date of Last Report

4. FEI Number

36-4117015

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

TITLE PTD ☐ DELETE

NAME SNYDER, J D
STREET ADDRESS 2150 E. DOLTON RD.
CITY - ST - ZIP CALUMET CITY IL 60409-1411

TITLE VS ☐ DELETE

NAME NEUBERT, KENNETH E
STREET ADDRESS 2150 E. DOLTON RD.
CITY - ST - ZIP CALUMET CITY IL 60409-1411

TITLE D ☐ DELETE

NAME DE HAVENON, MICHAEL H
STREET ADDRESS 250 VESEY ST., 27TH FLOOR
CITY - ST - ZIP NEW YORK NY 10281

TITLE D ☐ DELETE

NAME EVERETT, ROBERT S
STREET ADDRESS 250 VESEY ST., 27TH FLOOR
CITY - ST - ZIP NEW YORK NY 10281

TITLE D ☐ DELETE

NAME BUTLER, FREDERICK J
STREET ADDRESS 609 5TH AVE.
CITY - ST - ZIP NEW YORK NY 10017

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

45 Rockefeller Plaza
New York, NY 10111

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

45 Rockefeller Plaza
New York, NY 10111

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do 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: Kenneth E. Neubert, VP

4/30/97

(708) 868-5070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0011453

CR2E034 (9/96)