

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Sep 02 1998 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000588 (0)

1. Corporation Name
KIRSCH INC.



Principal Place of Business 309 NORTH PROSPECT ST. STURGIS MI 49091	Mailing Address 309 NORTH PROSPECT ST. STURGIS MI 49091
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 29 E Stephenson St Suite, Apt. #, etc. Freeport IL 61032 City & State 61032 Stephenson Zip Country	2a. Mailing Address 26 29 E Stephenson St Suite, Apt. #, etc. Freeport, IL City & State 61032 Stephenson Zip Country
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3. Date Incorporated or Qualified 02/04/1997	4. FEI Number 76-0518213	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SCHUMACHER, DIANE K	
STREET ADDRESS	600 TRAVIS ST., STE. 5800	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	V	<input type="checkbox"/> DELETE
NAME	AMMERMAN, RANDALL B	
STREET ADDRESS	600 TRAVIS ST., STE. 5800	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	V	<input type="checkbox"/> DELETE
NAME	INGOLS, DONALD P	
STREET ADDRESS	600 TRAVIS ST., STE. 5800	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HILL, ALAN J	
STREET ADDRESS	600 TRAVIS ST., STE. 5800	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HERBERT, KAREN E	
STREET ADDRESS	600 TRAVIS ST., STE. 5800	
CITY-ST-ZIP	HOUSTON TX 77002	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	KOLE, STEPHEN M	
STREET ADDRESS	600 TRAVIS ST., STE. 5800	
CITY-ST-ZIP	HOUSTON TX 77002	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 _____ DATE 2/98

CR2E034 (5/98)

Kirsch Inc.
Directors and Officers

Directors

Mr. Clarence R. Davenport
29 East Stephenson Street
Freeport, IL 61032

Mr. Brett E. Gries
29 East Stephenson Street
Freeport, IL 61032

Mr. Dale L. Matschullat
4000 Auburn Street
Rockford, IL 61032

Officers

Mr. William T. Alldredge
Vice President - Finance
One Millington Road
PO Box 117
Beloit, WI 53511

Mr. Clarence R. Davenport
Vice President - Treasurer
29 East Stephenson Street
Freeport, IL 61032

Mr. Dale L. Matschullat
Vice President - General Counsel
4000 Auburn Street
Rockford, IL 61032

Mr. Gregory N. Miller
Vice President - Controller
29 East Stephenson Street
Freeport, IL 61032

Mr. Stephen C. Thomas
President
29 East Stephenson Street
Freeport, IL 61032

Mr. Richard H. Wolff
Secretary & Assoc. General Counsel
4000 Auburn Street
Rockford, IL 61101