

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 01, 1999 8:00 am
Secretary of State
 09-01-1999 90014 038 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000000588
 1. Corporation Name
KIRSCH INC.



Principal Place of Business 29 E STEPHENSON ST FREEPORT IL 61032 US	Mailing Address 29 E STEPHENSON ST FREEPORT IL 61032 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State
23 Zip	25 Country	29 Zip	30 Country

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 the current year Intangible Personal Property.	<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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 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: *Richard H. Wolff* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # (815) 381-8115

CR2E034 (5/99)

DIRECTORS

Clarence R. Davenport
29 E. Stephenson Street
Freeport, IL 61061

Brett E. Gries
29 E. Stephenson Street
Freeport, IL 61061

Dale L. Matschullat
6833 Stalter Drive, Suite 101
Rockford, IL 61108

OFFICERS

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

Clarence R. Davenport, Vice President-Treasurer
29 E. Stephenson Street
Freeport, IL 61061

Thomas A. Ferguson, President
29 E. Stephenson Street
Freeport, IL 61061

_____, **Vice President-Controller**
29 E. Stephenson Street
Freeport, IL 61061

Dale L. Matschullat, Vice President-General Counsel
6833 Stalter Drive, Suite 101
Rockford, IL 61108

Richard H. Wolff, Corporate Secretary
6833 Stalter Drive, Suite 101
Rockford, IL 61108

597 0000000588
@1258
011886-90014-38

