

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90020 022 ***150.00

DOCUMENT # F97000000762

1. Corporation Name

~~M & M PROPERTIES, INC.~~

FALCONITE EQUIPMENT, INC

Principal Place of Business

8519 HIGHWAY 20 WEST
MADISON AL 35758

Mailing Address

8519 HIGHWAY 20 WEST
MADISON AL 35758

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

~~02/12/1997~~ 3/13/97

4. FEI Number

~~68-0005405~~ 37-0987459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 2525 WAYNE SULLIVAN DR

Suite, Apt. #, etc.

2a. Mailing Address

26 P.O. Box 8048

Suite, Apt. #, etc.

City & State

23 PADUCAH, KY

Zip Country

24 42001

25

City & State

28 PADUCAH, KY

Zip Country

29 42002-8048

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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 P ☒ DELETE

NAME MCCURRY, RALPH
STREET ADDRESS 111 CANE BROOK CT.
CITY-ST-ZIP MADISON AL 35758

TITLE ST ☒ DELETE

NAME FALCONITE, MIKE
STREET ADDRESS 6305 TURNBERRY DRIVE
CITY-ST-ZIP PADUCAH KY 42001

TITLE VP ☒ DELETE

NAME PUGH, KEVINH
STREET ADDRESS 2440 GHOLSON ROAD
CITY-ST-ZIP WEST PADUCAH KY 42086

TITLE CFO ☒ DELETE

NAME PUGH, KEVINH
STREET ADDRESS 2440 GHOLSON ROAD
CITY-ST-ZIP WEST PADUCAH KY 42086

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT & CEO ☒ Change ☐ Addition

1.2 NAME KEVIN RODGERS
1.3 STREET ADDRESS 1800 SHERMAN AVE, SUITE 100
1.4 CITY-ST-ZIP EVANSTON, IL 60201

2.1 TITLE VP & SECRETARY ☒ Change ☐ Addition

2.2 NAME PAUL INGERSOLL
2.3 STREET ADDRESS 1800 SHERMAN AVE, SUITE 100
2.4 CITY-ST-ZIP EVANSTON, IL 60201

3.1 TITLE CHAIRMAN OF THE BOARD ☒ Change ☐ Addition

3.2 NAME CARL THOMA
3.3 STREET ADDRESS 1800 SHERMAN AVE, SUITE 100
3.4 CITY-ST-ZIP EVANSTON, IL 60201

4.1 TITLE DIRECTOR ☒ Change ☐ Addition

4.2 NAME WILLIAM KESSINGER
4.3 STREET ADDRESS 1800 SHERMAN AVE, SUITE 100
4.4 CITY-ST-ZIP EVANSTON, IL 60201

5.1 TITLE DIRECTOR ☒ Change ☐ Addition

5.2 NAME JOHN GROVE
5.3 STREET ADDRESS 1800 SHERMAN AVE, SUITE 100
5.4 CITY-ST-ZIP EVANSTON, IL 60201

6.1 TITLE DIRECTOR ☒ Change ☐ Addition

6.2 NAME RONALD ST. CLAIR
6.3 STREET ADDRESS 1800 SHERMAN AVE, SUITE 100
6.4 CITY-ST-ZIP EVANSTON, IL 60201

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRING

MAR 26, 1999 847-733-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (11/98)

0622506