

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90319 006 \*\*\*150.00

**DOCUMENT # F98000001197**

1. Entity Name  
**INTERLOGIC SYSTEMS, INC.**



Principal Place of Business  
**25325 LEER DRIVE  
ELKHART, IN 46514**

Mailing Address  
**P.O. BOX 2737  
ELKHART, IN 46515**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202004

Chg-P

CR2E034 (10/03)

4. FEI Number  
**35-1717136**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	CFOD	<input type="checkbox"/> Delete
NAME	GAUGHAN, GERI	
STREET ADDRESS	333 S WABASH	
CITY - ST - ZIP	CHICAGO, IL 60685	
TITLE	SVP	<input type="checkbox"/> Delete
NAME	SULLIVAN, JOHN J JR	
STREET ADDRESS	333 S WABASH	
CITY - ST - ZIP	CHICAGO, IL 60685	
TITLE	AVAT	<input type="checkbox"/> Delete
NAME	BETTER, STEVEN A	
STREET ADDRESS	333 S. WABASH	
CITY - ST - ZIP	CHICAGO, IL 60685	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	SILWA, JERRY F	
STREET ADDRESS	333 S WABASH	
CITY - ST - ZIP	CHICAGO, IL 60685	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	GROB, ROBERT J	
STREET ADDRESS	333 S WABASH	
CITY - ST - ZIP	CHICAGO, IL 60685	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	DEMPSEY, PAMELA S	
STREET ADDRESS	333 S WABASH	
CITY - ST - ZIP	CHICAGO, IL 60685	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Plaza	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Plaza	
CITY - ST - ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	David Lehman	
STREET ADDRESS	CNA Plaza	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Plaza	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	CNA Plaza	
CITY - ST - ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis R. Hemme	
STREET ADDRESS	CNA Plaza	
CITY - ST - ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Jerry F. Sliwa*

**Jerry F. Sliwa**  
Assistant Vice President

4/21/04

312-822-7191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Current Officers**

**Interlogic Systems, Inc.**

<u>Officer</u>	<u>Title</u>
Geri Gaughan	President & Secretary
John J. Sullivan, Jr.	Senior Vice President
Dennis R. Hemme	Vice President & Treasurer
Robert J. Grob	Assistant Vice President
Jerry F. Sliwa	Assistant Vice President
Mary A. Ribikawskis	Assistant Vice President & Assistant Secretary
David Lehman	Assistant Secretary

<u>Directors</u>	<u>Title</u>
Robert V. Deutsch	Director
Geri Gaughan	Director

Address for all the above officers and directors:  
CNA Plaza  
Chicago, IL 60685

Attachment  
54046445  
Doc # F98000061 197