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

DOCUMENT # F9800004268

1. Corporation Name

TEC SPECIALTY PRODUCTS, INC.

Principal Place of Business

Mailing Address

315 S. HICKS ROAD PALATINE IL 60067

315 S. HICKS ROAD PALATINE IL 60067

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90076 042 ***150.00



					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed	-	- ·- <u>-</u>	
					07/27/1998			
2. Principal Pla	ace of Business	2a. Mailing Address	>	. بسب	4. FEI Number		<u> </u>	plied For
21		26 CGO TAX	DE	07:10°	41-1630281			ot Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, étc.		-	5. Certifcate of Status Desired			Additional
22		27-PO-BOX=-6	a=468	ــــــــــــــــــــــــــــــــــــــ	5. Certificate of Status Desired		Fee R	equired ======
City & State	•	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28 ST PAUL	\mathcal{M}	انر	Trust Fund Contribution	L)	Added	to Fees
Zip	Country	Zip	Country	,	8. This corporation owes the curre	ent year Inta	ngible	
24	25 COOK	29 55/104 - CLARS 30	Pa	nsey	Personal Property Tax.		Ŭ Yes	∕Z No
	9. Name and Address of Curren		-	7,100	10. Name and Address of New R	egistered A	gent	
At 1200100 Mild Cross day at a Milatis 1208 lessand v. Barre				Name				<u> </u>
C T CORPORATION SYSTEM								
1200 SOUTH PINE ISLAND ROAD			82	82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL.33324			-					
FLAIN	HALION FE,33324		83					
			84	City			85 Zip	Code
				'		FL	1 1	
11. Pursuant I	to the provisions of Sections 607.050	2 and 607,1508, Florida Statutes,	, the abov	e-named co	rporation submits this statement for the	purpose of c	hanging its	registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	nonzed by	the corpora	ation's board of directors. I hereby accept	t the appoin	tment as re	egistered
agent. I ar	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes					
SIGNATURE	Signature, typed or printed name of registered agen	And the Samulathan (NOTE B	nnistaend finn	nt sinnature recu	sired when reinstating)	DATE		
12.		D DIRECTORS	13.	it signatore roqu	ADDITIONS/CHANGES TO OFF		DIRECTO	ORS IN 12
	DP OFFICERS AN	D DIRECTORS DELETE	1.1 TILE		CHARDERSON CED		Change	Addition
TILE	••	A beceive		1	CHAIRPERSON CEL			/
NAME	KOCH, D. CHRISTIAN		1.2 NAME		WELTY, LINDA DO WILLOW LAKE I ST PAUL MD	364		
STREET ADDRESS	24320 BONNIE LANE		1.3 STREE	TADDRESS	DO WILLOW LAKE ~	ر رساستان ماران ساستان		
CITY-ST-ZIP	LAKE ZURICH IL 60047		1.4 CITY-S	T-ZIP ,	ST PAUL MD	<u> </u>	 -	
TITLE	D	☐ DELETÉ	2.1 TT/LE	(FO AND TREASURER		Change	Addition
NAME	BOLANOS, JORGE WALTER		2.2 NAME					
STREET ADDRESS	2 DORAL ROAD		2.3 STREE	TADDRESS				
CITY-ST-ZIP	DELLWOOD MN 55110	ra san r	2.4 CITY-1	ST-ZIP	* * *			<i>,</i> _
TITLE	DS	☐ DELETE	3.1 TITLE		SECRETAL		Change	☐ Addition
}	BAKER, RICHARD C		3.2 NAME					
NAME	2444 WEST 24TH STR			TADDRESS				
STREET ADDRESS			1					
CITY-ST-ZIP	MINNEAPOLIS MN 55405	₩ per each	3.4. CITY-5		7		☐ Change	☐] Addition
tur t	CFOS	⊠ DELETE	4.1 TITLE	ير ا	PRESIDENT			
NAME	KASTNER, RICHARD		4. 2 NAME	-	PALATINE ICAL PALATINE IC			
STREET ADDRESS	860 BLUE MESA TRL.		4.3 STREE	TADDRESS	315 & HICKS KOAD			
CITY-ST-ZIP	CARY IL 60013		4.4 CITY-5	T-ZIP	PALATINE IC	(abox	<u>ヲ</u>	<u> </u>
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					•
STREET ADDRESS			5.3 STREE	T ADDRESS				
-			5.4 CITY-S	ST-ZIP				
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	- +			Change	Addition
TITLE	1	DELETE	6.2 NAME					
NAME	LENGTH LETTER							
STREET ADDRESS	1665 37 0331 4047			TADDRESS				
174.56	The property of the second		B 64 CITY S	T_7IP				

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: FICER OR DIRECTOR