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

**FILED** Apr 17 1998 8:00am PROFIT ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G41813 (8) STITCH-TEC CO., INC. Principal Place of Business Mailing Address 887 N WASHINGTON ST 887 N WASHINGTON ST P.O BOX 253 P.O BOX 253 NASHVILLE IL 62263 NASHVILLE IL 62263 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/02/1983 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2299946 Not Applicable Suite, Apt. # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing  $\Box$ 23 28 Trust Fund Contribution Added to Fees Zip Ζip Country Country This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. Yes 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33324** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. DELETE Change Addition 1.1 TITLE TITLE JONES, ERIC R NAME 1.2 NAME P.O. BOX 253 N/A STREET ADDRESS 1.3 STREET ADDRESS NASHVILLE IL 62263 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE KELLER, TAMARA A 2.2 NAME NAME 8271 LEBANON ROAD STREET ADDRESS 2.3 STREET ADDRESS NASHVILLE IL 62263 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change \_\_\_ Addition TITLE 3.1 TITLE JONES, H J 3.2 NAME NAME P.O. BOX 253 N/A **33 STREET ADDRESS** STREET ADDRESS NASHVILLE IL 62263 CITY - ST - ZIP 3 4. CITY - ST - ZIP DELETE Addition 4.1 TITLE TITLE JONES, PAT 4 2 NAME NAME P.O. BOX 253 N/A STREET ADDRESS 4.3 STREET ADDRESS NASHVILLE IL 62263 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE

62 NAME

14. Thereby certify that the information supplied with this filling 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 amount 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

die

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

NAME STREET ADDRESS

CITY - ST - ZIP

SIGNATURE: