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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # PO2301

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1. Corporation	ELECTRICAL ENGINEERIN	` '			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal Place of Business  77 WEST SEEGERS ROAD ARLINGTON HEIGHTS IL 60005 US		Mailing Address 77 WEST SEEGERS ROAD ARLINGTON IL 60005-3916 US		1 14011401 (II 00/II 11010 H// ST/A 1141	ATAN ANDII BIBII BIBII BYBIY BYRA NAEL
				<ol> <li>Date Incorporated or Qualified 06/06/1984</li> </ol>	3a. Date of Last Report 02/15/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		NOT APPLICABLE	Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	the state of the s		S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	7,000-10-10-0
24	25	29	30		☐ Yes ☐ No
	9, Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent
	CORPORATION SYSTEM		B1 Name		
1200 S. PINE ISLAND ROAD PLANTATION FL 33324			82 Street Ad	dress (P.O. Box Number is Not Acceptal	ole)
			83	······································	
			83		
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	602 and 607.1508, Florida Statut	tes, the above-named co	rporation submits this statement for the ation's board of directors. I hereby acce	ourpose of changing its registered
agent la	egistered agent, or both, in the okil m familiar with, and accept the obli	gations of, Section 607.0505, FI	orida Statutes.	ation's board of directors. Thereby acce	pt the appointment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered a	ND DIRECTORS	E. Registered Agent signature rec	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TOLE	7,5511,511,511,111,111,111,111,111,111,1	Change Addition
NAME	GURTZ, GERALD		1,2 NAME		
STREET ADDRESS	77 WEST SEEGERS ROAD		1.3 STREET ADDRESS		
CHY-ST-ZIP	ARLINGTON IL		1.4 CITY-ST-ZIP		
TITLE	SD	<b>k</b> ] DELETE	2.1 TITLE	SD	Change Addition
NAM:	MIX, JOHN		2.2 NAME	GURTZ, FRANK	
STREET ADDRESS	77 WEST SEEGERS ROAD		2 3 STREET ADDRESS	77 WEST SEEGERS ROAD	· ·
CHY-SI-ZIF	ARLINGTON IL	beieze	2 4 CITY - ST - ZIP	ARLINGTON HTS. IL.	60005
Filte		[_] DELETE	3.1 TITLE		Change L Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
TITLE		DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	The state of the s	☐ Change ☐ Addition
NAME		<b>C</b>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY - ST - ZIP		•
TOTLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET AODRESS		•
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITL≹		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
Poty - Qt - 242	İ		6 A CITY_ST_7ID		

14. I do 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.

erald Gurtz Heal SIGNATURE: Gerald Gurtz

1/29/97

847-734-2400

**FILED** 

Feb 05 1997 8:00am

Secretary of State

Dayone Phone #