FILED 8:00 AM State

Applied For Not Applicable

| ANNUAL REPORT | | | Apr 13, 2004 08:00 AM Secretary of State | | |
|--|--|-------------------------------|--|-----------------------|----------------------------------|
| DOCUMENT # P02306 1. Entity Name TRANSCO PRODUCTS INC. | | | | ecretar | y of State |
| Principal Place of Business M | ailing Address | 2 | | | |
| (| 55 EAST JACKSON CHICAGO, IL 60604 | | | | |
| DO NOT WRITE II | N THIS SPA | CE | 03262004 No | Chg-P C | P2E034 (10/03) Applied For |
| | | | 36-3253440 | | Not Applicable 88.75 Additional |
| 5. Name and Address of Current Regis | Marari Brand | | 5. Certificate of State | us Desired [| Fee Required |
| THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301 | | DO NOT WRITE IN THIS SPACE | | | |
| The above named entity submits this statement for the the obligations of registered agent. | ourpose of changing its register- | ed office or register | red agent, or both, in the | e State of Florida. | I am familiar with, and accept |
| SIGNATURE: Signature, typed or printed name of registered agent and title | d applicable. (NOTE: Registers | o Agent signature require | s when reinstating) | | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | Election Campaign Finar Trust Fund Contribution. | | .00 May Be led to Fees | U0000011 | 1374 |
| 10. OFFICERS AND DIRE | CTORS | 1 | | ~ 13~U**8U | U14-01/ 150/00 |
| TITLE P | | 1 | | | • |

WOLBERT, EDWARD NAME STREET ADDRESS 55 E. JACKSON BLVD. CITY-ST-ZIP CHICAGO, IL 60604 VP SMITH, ELLEN NAME STREET ADDRESS 55 EAST JACKSON CITY - ST - Z3P CHICAGO, IL 60604 TITLE ANDERSON, CHARLES NAME 55 E. JACKSON STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60604 TITLE NAME BERLINSKY, JAY S STREET ADDRESS 375 BEECH ST HIGHLAND PARK, IL 60035 CITY-ST-ZIP me NAME STREET ADDRESS CITY-\$7-ZIP TETLE NAME STREET ADDRESS

DO NOT WRITE IN THIS SPACE

12. I hereby 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 report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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: _

CATY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

EDWARD WOLBERT

3/26/04 312-427-2818

Daytime Phone #