

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05000 (5)**
1. Corporation Name
ALLSTEEL, INC.



Principal Place of Business: **ALLSTEEL DRIVE AURORA IL 60507-0871 US**
Mailing Address: **ALLSTEEL DRIVE AURORA IL 60507-7871**

3. Date Incorporated or Qualified: **02/12/1985**
3a. Date of Last Report: **04/14/1995**
4. FEI Number: **36-0717079**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 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: _____ DATE: _____
Signature typed or printed (name of officer, director or trustee) (NAME: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS	
TITLE	PC <input type="checkbox"/> DELETE
NAME	SHARP, EDGAR E
STREET ADDRESS	PO BOX 8338, 2110 HARBOURSIDE DR #514
CITY- ST- ZIP	LONGBOAT KEY FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	HERIFORD, RE
STREET ADDRESS	TWO OAKBROOK CLUB DR. #310 B
CITY- ST- ZIP	OAK BROOK IL 60521
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WALTERS, HAROLD E
STREET ADDRESS	390 ST KILDA RD
CITY- ST- ZIP	MELBOURNE VI
TITLE	VP <input type="checkbox"/> DELETE
NAME	COSGROVE, D.T.
STREET ADDRESS	557 SEVILLE AVE.
CITY- ST- ZIP	NAPERVILLE IL
TITLE	S <input type="checkbox"/> DELETE
NAME	POWELSON, GAYLE L
STREET ADDRESS	2539 BEDFORD ST. #34-D
CITY- ST- ZIP	STAMFORD CT
TITLE	VP <input type="checkbox"/> DELETE
NAME	SAMEK, P.C.
STREET ADDRESS	618 BAL MORAL CIR.
CITY- ST- ZIP	NAPERVILLE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	P Assell, M.D.
1.3 STREET ADDRESS	12 Birchwood Ct
1.4 CITY- ST- ZIP	Aurora, Illinois 60540
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	S Condon, Kevin
5.3 STREET ADDRESS	168 Belltown Rd. Unit 7
5.4 CITY- ST- ZIP	Stamford, CT 06905
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____ DATE: **4/22/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ (708) 859-2600
Date: _____

CR2E034 (12/95)