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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3. Date Incorporated or Qualified

02/12/1985

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

36-0717079

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☐ DELETE

NAME ASSELL, M. D.
STREET ADDRESS 12 BIRCHWOOD CT
CITY-ST-ZIP AURORA IL

1.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME HERIFORD, RE
STREET ADDRESS TWO OAKBROOK CLUB DR. #310 B
CITY-ST-ZIP OAK BROOK IL 60521

2.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME COSGROVE, D.T.
STREET ADDRESS 557 SEVILLE AVE.
CITY-ST-ZIP NAPERVILLE IL

3.1 TITLE ☐ Change ☐ Addition

TITLE S ☐ DELETE

NAME CONDON, KEVIN
STREET ADDRESS 168 BELLTOWN RD., UNIT 1
CITY-ST-ZIP STAMFORD CT

4.1 TITLE ☐ Change ☐ Addition

TITLE VP ☐ DELETE

NAME SAMEK, P.C.
STREET ADDRESS 618 BAL MORAL CIR.
CITY-ST-ZIP NAPERVILLE IL

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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.

SIGNATURE:

V-P Finance, 4/22/97

(630) 859-2600

CR2E034 (9/96)