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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**

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE - Registered Agent Signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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)