

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED
95 APR 25 AM 10:20

DOCUMENT # **P05093** (0)

1. Corporation Name
MTL EQUITY PRODUCTS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
WILLIAM K. KNUDSEN
1200 JORIE BLVD.
OAK BROOK IL 60521

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **02/22/1985** 3a. Date of Last Report **04/25/1994**

2. Principal Place of Business 2a. Mailing Address
21 26

4. FEI Number **36-3317130** Applied For
Not Applicable

22 State, Apt. #, etc. 27 State, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 City & State 28 City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip 25 Country 29 Zip 30 Country

7. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**
NAME **KOEPKE, JOHN D.**
STREET ADDRESS **12 SHELBOURNE DRIVE**
CITY - ST - ZIP **OAK BROOK IL**

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

TITLE **V**
NAME **MAHOOD, DENNIS E.**
STREET ADDRESS **1200 JORIE BLVD**
CITY - ST - ZIP **OAK BROOK IL**

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

TITLE **VTD**
NAME **HUBBARD, JOHN O'C**
STREET ADDRESS **409 S. BRUNER STREET**
CITY - ST - ZIP **HINSDALE IL**

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

TITLE **VSD**
NAME **KNUDSEN, WILLIAM K.**
STREET ADDRESS **1560 ALMOND COURT**
CITY - ST - ZIP **DOWNERS GROVE IL**

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

TITLE **VP**
NAME **PAULY, MICHAEL R.**
STREET ADDRESS **1200 JORIE BOULEVARD**
CITY - ST - ZIP **OAK BROOK FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: *William K. Knudsen* **William K. Knudsen, V.P. & Sec'y** 4/17/95 708-990-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Signature Number)