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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT	#	P05093
4. Compression Manua		1 00000

MTL EQUITY PRODUCTS, INC.

Principal Place of Business	Mailing Address			
MWILLIAM K. KNUDSEN 1200 JORIE BLVD. OAK BROOK IL 60521	%WILLIAM K. KNUDSEN 1200 JORIE BLYD OAK BROOK IL 60521			
2. Principal Place of Business	2a. Mailing Address			
Suite, Apt. #, etc	Suite, Apt #, etc			
City & State	City & State			
23	28			
Zip Country	Zip Country			
24	[29]			

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301

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9 MLR 22	PH	3:	13			



a Dotal	DO NOT WRI* ncorporated or Qualifed	I I II I I I	113 01 AGE		
02/2 4. FEI N	2/1985 umber			Applied For Not Applicabl	
36-3	317130				
5, Certifo	cate of Status Desired	[]	\$8.75 Additional Fee Required		
	on Campaign Financing Fund Confribution	[\$5.00 May Be Added to Fees		
	orporation owes the curn nal Property Tax	ent year	Intang-ble [] Yes	[]No	

Corporation Service Company Street Address (F.O. Box Number is Not Acceptable) 1201 Hays St. 83 Zip Code 32301 84 City 85 | Tallahassee

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. Thereby accept the appointment as registered

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agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statute's					,	
SIGNATURE LAURA R. DUNDO SIGNATURE SIGNATURE						
Signature, typed or printed name of registered agont and title of application (NOTE: Registered Agont signature register when the state group DATE						50 0145
12.	OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR					
TITLE	PD	[] DELETE	1 1 T ILF	Vice President, Secretary,	[XChange	[Add:on
NAME	KNUDSEN, WILLIAM K		1.2 NAME	Director		
STREET ADDRESS	1560 ALMOND COURT		13 STREET LADORESS	 		
CITY-ST-ZIP	DOWNERS GROVE IL 60515		14 0/14-ST-ZIP			
TITLE	VP	£, DELETE	2.1 THLE	President, Director	[Change	X Add tion
NAME	FORBES, GLEN B		2.2 NAME	Craig M. Moore		
STREET ADDRESS	168 BERKLEY		23 STREET ADDRESS	2003 Eldorado Dr.		
CITY-\$T-ZIP	ELMHURST IL 60126		2.4 C(TY+\$1-76)	Geneva, IL 60134		ļ
TITLE	VTD	[DELETE	3 1 TITLE	Vice President, Treasurer	[] Change	🔀 Addition [
NAME	HUBBARD, JOHN O'C		3.2 NAME.	Margaret M. Culkeen		
STREET ADDRESS	409 S. BRUNER STREET		33 STREET ADDRESS	1265 Windsor Dr.		1
CITY-ST-ZIP	HINSDALE IL		34 CITY-ST-ZIF	Wheaton, IL 60187		
TITLE	VSD	[DELFTE	4 1 THUE	Vice President, Director	X Change	[Addition
NAME	SAVEGNAGO, MICHAEL D		4 2 NAME	1200 1		
STREET ADDRESS	35 572 MELCHER AVE		4.3 STREET ADDRESS			İ
CITY-ST-ZIP	WARRENVILLE IL 60555		4 4 CITY-S* ZIP			
TITLE	VP .	[] DELETE	51 TILLE		[1] Change	[] Addition
NAME	PAULY, MICHAEL R.		5.2 NAME	800002814	4222	
STREET ADDRESS	1200 JORIE BOULEVARD		53 STREET ADDRESS	-03/22/99	-01129	013
CITY-ST-ZIP	OAK BROOK FL		5.4 C(TY+5*-Z(P)	****150.00] *****1!	50.00
TITLE	D	□J DELETE	6 1 TillE		[] Change	Addition
NAME	EISENBARTH, GARY L		6.2 NAME		\sim 10	(N) (2) (P) (1)

14. Thereby 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 althorhomorphism and press, with all other like empowered.

2225 KINGS COURT

William K. Knudsen

3/11/99

630-990-1000