

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2005 8:00 am
Secretary of State

01-25-2005 90027 048 ***150.00

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01102005 Chg-P CR2E034 (10/03)

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

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

DOCUMENT # P05093
1. Entity Name
MTL EQUITY PRODUCTS, INC.



Principal Place of Business
**1200 JORIE BLVD.
OAK BROOK, IL 60521**

Mailing Address
**1200 JORIE BLVD.
OAK BROOK, IL 60521**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VPS	<input type="checkbox"/> Delete	TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOELZEL, JEFFERY K		NAME	HOELZEL, JEFFERY K	
STREET ADDRESS	8858 ASCOT CT		STREET ADDRESS	8858 ASCOT CT	
CITY-ST-ZIP	ORLAND PARK, IL 60463		CITY-ST-ZIP	ORLAND PARK, IL 60463	
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CULKEEN, MARGARET M		NAME	WEIMER, GARY L	
STREET ADDRESS	1265 WINDSOR DR		STREET ADDRESS	255 n charlotte	
CITY-ST-ZIP	WHEATON, IL 60187		CITY-ST-ZIP	LOMBARD, IL 60148	
TITLE	VD	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAVEGNAGO, MICHAEL D		NAME	SAVEGNAGO, MICHAEL D	
STREET ADDRESS	35 572 MELCHER AVE		STREET ADDRESS	35 572 MELCHER AVE	
CITY-ST-ZIP	WARRENVILLE, IL 60555		CITY-ST-ZIP	WARRENVILLE, IL 60555	
TITLE	VP	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PAULY, MICHAEL R.		NAME	W.DAVID MILLS	
STREET ADDRESS	1200 JORIE BOULEVARD		STREET ADDRESS	919 CLINTON PL	
CITY-ST-ZIP	OAK BROOK, FL		CITY-ST-ZIP	RIVRR FOREST, IL 60305	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EISENBARTH, GARY L		NAME		
STREET ADDRESS	2225 KINGS COURT		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, IL 60138		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Jeffery K. Hoelzel **JEFFERY K HOELZEL** **800-323-7320**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #