


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90031 015 ***150.00

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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
4. FEI Number 36-3317130				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HOELZEL, JEFFREY K 8858 ASCOT CT ORLAND PARK, IL 60463		TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY GERI GAUGHAN 2001 GROVE STREET GLENVIEW, IL 60025	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPT CULKEEN, MARGARET M 1265 WINDSOR DR WHEATON, IL 60187		TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR CHARLES F MCALEER III 809 W BAILEY NAPERVILLE, IL 60565	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SAVEGNAGO, MICHAEL D 35 572 MELCHER AVE WARRENVILLE, IL 60555		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PAULY, MICHAEL R. 1200 JORIE BOULEVARD OAK BROOK, FL		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D EISENBARTH, GARY L 2225 KINGS COURT GENEVA, IL 60138		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V WEIMER, GARY L 255 NORTH CHARLOTTE LOMBARD, IL 60148		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Jeffrey K. Hoelzel</u> JEFFREY K HOELZEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> Date Daytime Phone # </div>					