



**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	01112006	Chg-P	CR2E034 (11/05)
4. FEI Number 36-3317130				Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301				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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		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	P	<input type="checkbox"/> Delete	TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HOELZEL, JEFFREY K		NAME	GERI GAUGHAN		
STREET ADDRESS	8858 ASCOT CT		STREET ADDRESS	2001 GROVE STREET		
CITY-ST-ZIP	ORLAND PARK, IL 60463		CITY-ST-ZIP	GLENVIEW, IL 60025		
TITLE	VPT	<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CULKEEN, MARGARET M		NAME	CHARLES F MCALEER III		
STREET ADDRESS	1265 WINDSOR DR		STREET ADDRESS	809 W BAILEY		
CITY-ST-ZIP	WHEATON, IL 60187		CITY-ST-ZIP	NAPERVILLE, IL 60565		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SAVEGNAGO, MICHAEL D		NAME			
STREET ADDRESS	35 572 MELCHER AVE		STREET ADDRESS			
CITY-ST-ZIP	WARRENVILLE, IL 60555		CITY-ST-ZIP			
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PAULY, MICHAEL R.		NAME			
STREET ADDRESS	1200 JORIE BOULEVARD		STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK, FL		CITY-ST-ZIP			
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	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WEIMER, GARY L		NAME			
STREET ADDRESS	255 NORTH CHARLOTTE		STREET ADDRESS			
CITY-ST-ZIP	LOMBARD, IL 60148		CITY-ST-ZIP			
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: <i>Jeffrey K. Hoelzel</i>		JEFFREY K HOELZEL		Date _____ Daytime Phone # _____		