

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 08 1997 8:00am  
Secretary of State

DOCUMENT # P05594

(7)

1. Corporation Name

UARCO INCORPORATED

Principal Place of Business

700 WEST MAIN STREET  
BARRINGTON IL 60010

Mailing Address

700 WEST MAIN STREET  
BARRINGTON IL 60010-1055

3. Date Incorporated or Qualified

04/08/1985

3a. Date of Last Report

05/01/1996

4. FEI Number

36-3338329

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET SUITE 105  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☒ DELETE

NAME HARBAGE, ROBERT C  
STREET ADDRESS 250 SHORELINE DRIVE  
CITY-ST-ZIP BARRINGTON IL

TITLE EVP ☐ DELETE

NAME IAI, KEISUKE  
STREET ADDRESS 580 PARKSIDE DRIVE  
CITY-ST-ZIP PALATINE IL

TITLE ASST ☐ DELETE

NAME SPILLMAN, JOHN H  
STREET ADDRESS 478 WOODLAND AND VIEW DRIVE  
CITY-ST-ZIP YORK PA

TITLE P ☐ DELETE

NAME WEBB, TIMOTHY J  
STREET ADDRESS 74 S. WYNSTONE DRIVE  
CITY-ST-ZIP NORTH BARRINGTON IL

TITLE ATS ☐ DELETE

NAME LEMMERMANN, R.R.  
STREET ADDRESS 2320 N. HURON  
CITY-ST-ZIP ARLINGTON HEIGHTS IL

TITLE VPS ☐ DELETE

NAME GAGE, GLENN H.  
STREET ADDRESS 11 STONERIDGE DRIVE  
CITY-ST-ZIP S. BARRINGTON IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 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, on an attachment with an address.

SIGNATURE

4-30-97

811-281-7000

CR2E034 (9/96)