FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
'95 MAR -6 AM 9:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P08988** (8)

1. Corporation Name
LANDIS & GYR POWERS, INC.

Principal Place of Business	Mailing Address
1000 DEERFIELD PARKWAY BUFFALO GROVE IL 60089	1000 DEERFIELD PARKWAY BUFFALO GROVE IL 60089

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/06/1986	3a. Date of Last Report: 03/08/1994
4. FEI Number: 36-3400486	☐ 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)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (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: _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	KISSLING, DR. WILLY	12 NAME		
STREET ADDRESS	BELLERIVESTRASSE 44	13 STREET ADDRESS		
CITY-ST-ZIP	ZURICH SW	14 CITY-ST-ZIP		
TITLE	CP	21 TITLE	CHAIRMAN (C) / PRESIDENT (P) / DIRECTOR (D)	☒ Change ☐ Addition
NAME	GRAD, JOHN J.	22 NAME		
STREET ADDRESS	850 MELLODY RD	23 STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST IL	24 CITY-ST-ZIP		
TITLE	VC	31 TITLE		☒ Change ☐ Addition
NAME	BELL, WM. JAMES	32 NAME		
STREET ADDRESS	26 PARSONS WALK	33 STREET ADDRESS		
CITY-ST-ZIP	DARIEN CT	34 CITY-ST-ZIP		
TITLE	VPT	41 TITLE	VICE PRESIDENT (V) / TREASURER (T) / DIRECTOR (D)	☒ Change ☐ Addition
NAME	BURZA, EILEEN F	42 NAME		
STREET ADDRESS	196 LOUIS	43 STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST IL	44 CITY-ST-ZIP		
TITLE	S	51 TITLE	Secretary (S)	☒ Change ☐ Addition
NAME	BLODGETT, ROBERT W	52 NAME	Thomas L. Keaveny	
STREET ADDRESS	845 INDIAN RD	53 STREET ADDRESS	2116 Walters Avenue	
CITY-ST-ZIP	GLENVIEW IL	54 CITY-ST-ZIP	Northbrook, IL 60062	
TITLE	V	61 TITLE		☐ Change ☐ Addition
NAME	CARLIN, THOMAS E. JR.	62 NAME		
STREET ADDRESS	641 S. BEVERLY LANE	63 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON HEIGHTS IL	64 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing is voluntarily furnished and 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 attachment with an address.

SIGNATURE: T Keaveny THOMAS L. KEAVENY 3/21/95 (708) 215-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — TELEPHONE NUMBER
SECRETARY

0487867 FP