



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

FILED

Apr 17 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P11685 (5)			
1. Corporation Name FLEETWOOD SYSTEMS, INC.			
Principal Place of Business 621 E. PLAINFIELD ROAD COUNTRYSIDE IL 60525		Mailing Address 621 E. PLAINFIELD ROAD COUNTRYSIDE IL 60525-6913	
2. Principal Place of Business 21 1305 LAKEVIEW DRIVE Suite, Apt. #, etc.		2a. Mailing Address 27 SAME Suite, Apt. #, etc.	
22 City & State 23 ROMEVILLE, IL 60		28 City & State 29	
24 Zip 60446 Country WILL		29 Zip Country	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 N. MAGNOLIA ST. 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	CD	<input type="checkbox"/> DELETE	
NAME	MOJDEN, WALLACE W.		
STREET ADDRESS	403 WARREN TERRACE		
CITY-ST-ZIP	HINSDALE IL		
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	MOJDEN, ANDREW E.		
STREET ADDRESS	223 MAPLE		
CITY-ST-ZIP	HINSDALE IL		
TITLE	STD	<input type="checkbox"/> DELETE	
NAME	CARLSON, LAWRENCE S.		
STREET ADDRESS	2192 ROMM		
CITY-ST-ZIP	SCHAUMBURG IL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	GROSSMANN, ROBERT M.		
STREET ADDRESS	105 E. FIRST STREET		
CITY-ST-ZIP	HINSDALE IL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	MOJDEN, DANIEL		
STREET ADDRESS	63 BONNIE LN		
CITY-ST-ZIP	CLARENDON HILLS IL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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, or on an attachment with an address.			
SIGNATURE: 		1/29/97 630-759-6800	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)