

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90170 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P11685

1. Corporation Name
FLEETWOOD SYSTEMS, INC.



Principal Place of Business
1305 LAKEVIEW DRIVE
ROMEDEVILLE, IL 60446
 US

Mailing Address
1305 LAKEVIEW DRIVE
ROMEDEVILLE IL 60446
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25 29 30

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
10/06/1986

4. FEI Number
36-2441641

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 owes the current year intangible Personal Property Tax. Yes No

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD MOJDEN, WALLACE W.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	403 WARREN TERRACE	1.2 NAME	
STREET ADDRESS	HINSDALE IL	1.3 STREET ADDRESS	
CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
TITLE	PD MOJDEN, ANDREW E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	223 MAPLE	2.2 NAME	
STREET ADDRESS	HINSDALE IL	2.3 STREET ADDRESS	
CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
TITLE	STD CARLSON, LAWRENCE S.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2192 ROMM	3.2 NAME	
STREET ADDRESS	SCHAUMBURG IL	3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
TITLE	D GROSSMANN, ROBERT M.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	105 E. FIRST STREET	4.2 NAME	
STREET ADDRESS	HINSDALE IL	4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	VD MOJDEN, DANIEL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	63 BONNIE LN	5.2 NAME	
STREET ADDRESS	CLARENDON HILLS IL	5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. I 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 change 1, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Wallace W. Mojden

CFO

Date

1/5/99

Daytime Phone #

630-759-6800

CR2E034 (1/1/98)