FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P12390** **(1)**

1. Corporation Name
THE MEYERCORD CO.

Principal Place of Business
365 E. NORTH AVE
CAROL STREAM IL 60188

Mailing Address
365 E. NORTH AVE
CAROL STREAM IL 60188

3. Date Incorporated or Qualified: **12/08/1986**
3a. Date of Last Report: **12/19/1995**

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

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

4. FEI Number: **23-2394696** — 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

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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: _____ (N.B. Registered Agent signature required if registered agent) DATE

12. OFFICERS AND DIRECTORS

TITLE	DCAS	☒ DELETE
NAME	ECHENRODE, W J	
STREET ADDRESS	365 E. NORTH AVE	
CITY-ST-ZIP	CAROL STREAM IL	
TITLE	D	☐ DELETE
NAME	FRACK, W A JR	
STREET ADDRESS	365 E. NORTH AVE	
CITY-ST-ZIP	CAROL STREAM IL 60188	
TITLE	P	☐ DELETE
NAME	B.K. HECKMAN	
STREET ADDRESS	365 E. NORTH AVE	
CITY-ST-ZIP	CAROL STREAM IL	
TITLE	VST	☐ DELETE
NAME	D.C. CARDARELLA	
STREET ADDRESS	365 E. NORTH AVE	
CITY-ST-ZIP	CAROL STREAM IL 60188	
TITLE	VAS	☐ DELETE
NAME	M.C. MILLER	
STREET ADDRESS	365 E. NORTH AVE	
CITY-ST-ZIP	CAROL STREAM IL 60188	
TITLE	D	☐ DELETE
NAME	PERRY, R E	
STREET ADDRESS	365 E. NORTH AVE	
CITY-ST-ZIP	CAROL STREAM IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Gould, P. G.	☒ 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	000001828930	☐ Change ☐ Addition
5.2 NAME	-05/20/96--01037--001	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

J2/5.1

14. I do 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)(k), 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: Mark C. Miller
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Mark C. Miller

4/30/96 (708)682-6200
Date Daytime Phone #

CR2E034 (12/95)