

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90019 034 ***150.00

DOCUMENT # P12932

1. Corporation Name

MARMON/KEYSTONE CORPORATION

Principal Place of Business

225 E CUNNINGHAM ST.
P.O. BOX 992
BUTLER PA 16001

Mailing Address

225 E CUNNINGHAM ST.
P.O. BOX 992
BUTLER PA 16001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1987

4. FEI Number

25-1209534

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETE

NAME
P
GOTTSCHALK, NORMAN E.
STREET ADDRESS
225 E. CUNNINGHAM
CITY-ST-ZIP
BUTLER PA

TITLE ☐ DELETE

NAME
VTD
GLUTH, R.C.
STREET ADDRESS
225 W. WASHINGTON ST.
CITY-ST-ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
S
WEBB, ROBERT W.
STREET ADDRESS
225 W. WASHINGTON ST.
CITY-ST-ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
DVC
PRITZKER, ROBERT A.
STREET ADDRESS
225 W. WASHINGTON ST.
CITY-ST-ZIP
CHICAGO IL

TITLE ☐ DELETE

NAME
C
SEKA, ANDREW N.
STREET ADDRESS
225 E. CUNNINGHAM ST
CITY-ST-ZIP
BUTLER PA

TITLE ☐ DELETE

NAME
D
PRITZKER, JAY A.
STREET ADDRESS
225 W. WASHINGTON
CITY-ST-ZIP
CHICAGO 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE REQUIRED VP/Controller 04/22/99 (724) 283-3000

CR2E034 (1/98)