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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 10:35

DOCUMENT # P13060 (9)

1. Corporation Name
COVIA CORPORATION

Principal Place of Business	Mailing Address
1200 ALGONQUIN ROAD ELK GROVE TOWNSHIP IL 60007 US	POST OFFICE BOX 66100 ATTN: EXOCT CHICAGO IL 60666 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/29/1987
3a. Date of Last Report: 05/01/1994

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)

4. FEI Number: 36-3479135 ☐ 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

THE PRENTICE HALL CORP. SYSTEM, INC.
110 NORTH MAGNOLIA STREET
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	D	1.1 TITLE	D	☒ Change ☐ Addition
NAME	POPE, JOHN C	1.2 NAME	JOHN A. EDWARDSON	
STREET ADDRESS	1200 ALGONQUIN ROAD	1.3 STREET ADDRESS	1200 ALGONQUIN RD	
CITY-ST-ZIP	ELK GROVE TOWNSHIP IL	1.4 CITY-ST-ZIP	ELK GROVE TOWNSHIP IL 60007	
TITLE	PDC	2.1 TITLE		☐ Change ☐ Addition
NAME	GUYETTE, JAMES M	2.2 NAME		
STREET ADDRESS	1200 ALGONQUIN ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ELK GROVE TOWNSHIP IL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	NAGIN, LAWRENCE M.	3.2 NAME	STUART I. ORAN	
STREET ADDRESS	1200 ALGONQUIN ROAD	3.3 STREET ADDRESS	1200 ALGONQUIN RD	
CITY-ST-ZIP	ELK GROVETOWNSHIP IL	3.4 CITY-ST-ZIP	ELK GROVE TOWNSHIP IL 60007	
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	MAHER, FRANCESCA M.	4.2 NAME		
STREET ADDRESS	1200 ALGONQUIN ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ELK GROVE TOWNSHIP IL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	T	☐ Change ☒ Addition
NAME		5.2 NAME	PATRICIA S. FISHER	
STREET ADDRESS		5.3 STREET ADDRESS	1200 ALGONQUIN Rd.	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	ELK GROVE TOWNSHIP IL 60007	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I/We 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: _____ PATRICIA S. FISHER 1/20/95 708/952-4257
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0480634 FP