


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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90299 014 \*\*\*150.00

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<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Katharine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P13145</b> 1. Corporation Name <b>THE FASTRON COMPANY</b>			
Principal Place of Business <b>11800 FRANKLIN AVE.</b> <b>FRANKLIN PARK IL 60131</b>		Mailing Address <b>11800 FRANKLIN AVE.</b> <b>FRANKLIN PARK IL 60131</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
9. Name and Address of Current Registered Agent <b>MEDAL, JAMES</b> <b>5869 ENTERPRISE PARKWAY</b> <b>FORT MYERS FL 33905</b>		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 607.0501 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	LANGDON, HOWARD S.	1.2 NAME	
STREET ADDRESS	11800 FRANKLIN AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	JACOBSON, JUANITA J.	2.2 NAME	
STREET ADDRESS	11800 FRANKLIN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	LANGDON, MARY K.	3.2 NAME	
STREET ADDRESS	11800 FRANKLIN AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN PARK IL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 a letter like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)