

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 # P14913 (8)

1. Corporation Name

SPECIALTY EQUIPMENT COMPANIES, INC.



Principal Place of Business

6581 REVLON DR.  
BELVIDERE IL 61008

Mailing Address

6581 REVLON DR.  
BELVIDERE IL 61008

3. Date Incorporated or Qualified

06/19/1987

3a. Date of Last Report

06/13/1995

2. Principal Place of Business

2a. Mailing Address

21 1245 CORPORATE BLVD.

26 1245 CORPORATE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 401

27 SUITE 401

City & State

City & State

23 AURORA, IL

28 AURORA, IL

Zip

Country

Zip

Country

24 60504

29 60504

25

30

4. FEI Number

36-3337593

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fees 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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME CD  
GREENWOOD, DANIEL B.  
STREET ADDRESS 750 N BLACKHAWK BLVD.  
CITY-ST-ZIP ROCKTON IL

TITLE ☐ DELETE

NAME P  
DOTTERWIECH, WILLIAM E  
STREET ADDRESS 6581 REVLON DR  
CITY-ST-ZIP BELVIDERE IL

TITLE ☐ DELETE

NAME ST  
MCKAY, DONALD K.  
STREET ADDRESS 6581 REVLON DR  
CITY-ST-ZIP BELVIDERE IL

TITLE ☐ DELETE

NAME C  
WULBERT, SCOTT  
STREET ADDRESS 6581 REVLON DR  
CITY-ST-ZIP BELVIDERE IL

TITLE ☒ DELETE

NAME AS  
KEYES, CONSTANCE M.  
STREET ADDRESS 6581 REVLON DR  
CITY-ST-ZIP BELVIDERE IL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

1245 CORPORATE BLVD SUITE 401  
AURORA, IL 60504

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1245 CORPORATE BLVD SUITE 401  
AURORA, IL 60504

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

1245 CORPORATE BLVD SUITE 401  
AURORA, IL 60504

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

1245 CORPORATE BLVD SUITE 401  
AURORA, IL 60504

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)