

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P14939** (3)

1. Corporation Name
STERLING PLUMBING GROUP, INC.

Principal Place of Business
**2800 GOLF RD.
ROLLING MEADOWS IL 60008
US**

Mailing Address
**444 HIGHLAND DR.
% KOHLER CO., TAX DEPT.
KOHLER WI 53044-1515**



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/23/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

36-2968951

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

**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

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **CD BOYD, WILLIAM W.**
STREET ADDRESS **1180 MICHIGAN AVENUE**
CITY-ST-ZIP **WILMETTE IL**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **PV MAWDSLEY, J. E**
STREET ADDRESS **181 WHITNEY DR.**
CITY-ST-ZIP **BARRINGTON IL**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **Robert J. Jarvis**
2.3 STREET ADDRESS **4611 Daniel Dr.**
2.4 CITY-ST-ZIP **Crystal Lake, IL 60014**

TITLE ☐ DELETE
NAME **VP KOREN, B.A.**
STREET ADDRESS **1283 W. BEAVER RD.**
CITY-ST-ZIP **MADERVILLE IL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME **VP EVERARD, L.R.**
STREET ADDRESS **1024 HAWTHORNE DR.**
CITY-ST-ZIP **CRYSTAL LAKE IL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **T & D Richard A. Wells**
4.3 STREET ADDRESS **608 School Street**
4.4 CITY-ST-ZIP **Kohler, WI 53044**

TITLE ☒ DELETE
NAME **VP ARNOLD, M.S.**
STREET ADDRESS **1-68 KNOLLWOOD DR.**
CITY-ST-ZIP **PALATINE IL**

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **S & D Natalie A. Black**
5.3 STREET ADDRESS **Route 1**
5.4 CITY-ST-ZIP **Oostburg, WI 53070**

TITLE ☐ DELETE
NAME **VP SANFORD, M. L**
STREET ADDRESS **848 VAN DALIA RD.**
CITY-ST-ZIP **MORGANTOWN WV**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:  **R. A. Wells, Treasurer**

4/28/97

414-457-4441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)