



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2004 8:00 am**  
**Secretary of State**

01-20-2004 90057 036 \*\*\*150.00

<b>DOCUMENT # P17254</b> 1. Entity Name <b>COILFORM COMPANY</b>					
Principal Place of Business <b>2571 KANEVILLE COURT</b> <b>GENEVA, IL 60134</b>				Mailing Address <b>2571 KANEVILLE COURT</b> <b>GENEVA, IL 60134</b>	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01092004    Chg-P    CR2E034 (10/03)	
City & State		City & State		4. FEI Number <b>36-2479638</b>	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 33324</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCFARLANE, R.H.		NAME	2571 Kaneville Ct.	
STREET ADDRESS	2571 KANEVILLE ROAD		STREET ADDRESS		
CITY-ST-ZIP	GENEVA, IL		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SVD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCFARLANE, G.G.		NAME		
STREET ADDRESS	6N599 DENKER ROAD		STREET ADDRESS		
CITY-ST-ZIP	ST CHARLES, IL 60175		CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCFARLANE, CHARLOTTE		NAME	6925 Carlisle Ct. Apt. #B225	
STREET ADDRESS	6935 CARLISLE CT		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34109		CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BLOOD, C. KENNETH		NAME	St. Charles IL 60174	
STREET ADDRESS	200 WEST RIVER DRIVE		STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES, IL		CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENSETH, RONALD D		NAME	St. Charles IL 60174	
STREET ADDRESS	36W074 FIELDCREST		STREET ADDRESS		
CITY-ST-ZIP	ST CHARLES, IL		CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	<input type="checkbox"/> Delete		TITLE		
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>R. D. Kenseth</i> <b>VP. OF OPERATIONS</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>1/13/04</b> <b>630/232-2507</b> <small>Date Daytime Phone #</small>		