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 # **P18211** **(3)**

1. Corporation Name

NATIONAL SEAL COMPANY

Principal Place of Business

1245 CORPORATE BLVD STE 300
AURORA IL 60504

Mailing Address

1245 CORPORATE BLVD STE 300
AURORA IL 60504

3. Date Incorporated or Qualified: **03/03/1988**

3a. Date of Last Report: **01/26/1995**

2. Principal Place of Business (21) | Suite, Apt. #, etc. (22) | City & State (23) | Zip (24) | Country (25)

2a. Mailing Address (26) | Suite, Apt. #, etc. (27) | City & State (28) | Zip (29) | Country (30)

4. FEI Number: **36-3053263** ☐ 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

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 Section 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: (Typed or Printed Name of Registered Agent and Title if Applicable) (Registered Agent's Signature if Corporation is Applicable) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PDT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HARDISON, JOHN		1.2 NAME		
STREET ADDRESS	3106 ROYAL FOX DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST CHARLES IL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	POETSCH, HANS J		2.2 NAME		
STREET ADDRESS	2906 ROYAL FOX DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST CHARLES IL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BLAIR, D. KEVIN		3.2 NAME		
STREET ADDRESS	845 ROBERTS LN		3.3 STREET ADDRESS		
CITY-ST-ZIP	BATAVIA IL		3.4 CITY-ST-ZIP		
TITLE	D	■ DELETE	4.1 TITLE	Director	■ Change ☐ Addition
NAME	HARDISON, LESLIE C.		4.2 NAME	KOENIG, JAMES	
STREET ADDRESS	600 N. 1ST BANK		4.3 STREET ADDRESS	3003 BUTTERFIELD	
CITY-ST-ZIP	PALATINE IL		4.4 CITY-ST-ZIP	OAK BROOK, IL, 60521	
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HULLIGAN, WILLIAM P		5.2 NAME		
STREET ADDRESS	8434 CARRIAGE GREENS DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WHEATON IL 60561		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WALLGREN, DONALD A		6.2 NAME		
STREET ADDRESS	3003 BUTTERFIELD		6.3 STREET ADDRESS		
CITY-ST-ZIP	OAK BROOK IL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: D. Kevin Blair — 1/25/96 — 708-888-1161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #