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Jul 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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	Mailing Address
1245 CORPORATE BLVD STE 300 **AURORA IL 60504**	**1245 CORPORATE BLVD STE 300** **AURORA IL 60504-6419**

3. Date Incorporated or Qualified: **03/03/1988**
3a. Date of Last Report: **02/06/1996**

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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

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	☐ Change ☐ Addition
NAME	**KOENIG, JAMES**		4.2 NAME	
STREET ADDRESS	**3003 BUTTERFIELD**		4.3 STREET ADDRESS	
CITY-ST-ZIP	**OAK BROOK IL**		4.4 CITY-ST-ZIP	
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 (9/96)

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: [redacted] 4/11/97 630-848-4464