

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

FILED
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 1245 CORPORATE BLVD STE 300 AURORA IL 60504	Mailing Address 1245 CORPORATE BLVD STE 300 AURORA IL 60504-6418
---	--



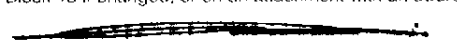
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/03/1988	3a. Date of Last Report 02/06/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 36-3053263	Applied For Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
23 Zip	28 Zip			6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
24 Country	29 Country			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		Signature typed or printed name of registered agent and title, if applicable		(NOTE: Registered Agent signature required when re-stating)		DATE									
12. OFFICERS AND DIRECTORS								13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PDT							11 TITLE							
NAME	HARDISON, JOHN	☐ DELETE						12 NAME	☐ Change ☐ Addition						
STREET ADDRESS	3106 ROYAL FOX DR							13 STREET ADDRESS							
CITY-ST-ZIP	ST CHARLES IL							14 CITY-ST-ZIP							
TITLE	VD	☐ DELETE						21 TITLE	☐ Change ☐ Addition						
NAME	POETSCH, HANS J							22 NAME							
STREET ADDRESS	2906 ROYAL FOX DR							23 STREET ADDRESS							
CITY-ST-ZIP	ST CHARLES IL							24 CITY-ST-ZIP							
TITLE	S	☐ DELETE						31 TITLE	☐ Change ☐ Addition						
NAME	BLAIR, D. KEVIN							32 NAME							
STREET ADDRESS	845 ROBERTS LN							33 STREET ADDRESS							
CITY-ST-ZIP	BATAVIA IL							34 CITY-ST-ZIP							
TITLE	D	☐ DELETE						41 TITLE	☐ Change ☐ Addition						
NAME	KOENIG, JAMES							42 NAME							
STREET ADDRESS	3003 BUTTERFIELD							43 STREET ADDRESS							
CITY-ST-ZIP	OAK BROOK IL							44 CITY-ST-ZIP							
TITLE	D	☐ DELETE						51 TITLE	☐ Change ☐ Addition						
NAME	HULLIGAN, WILLIAM P							52 NAME							
STREET ADDRESS	8434 CARRIAGE GREENS DRIVE							53 STREET ADDRESS							
CITY-ST-ZIP	WHEATON IL 60581							54 CITY-ST-ZIP							
TITLE	D	☐ DELETE						61 TITLE	☐ Change ☐ Addition						
NAME	WALLGREN, DONALD A							62 NAME							
STREET ADDRESS	3003 BUTTERFIELD							63 STREET ADDRESS							
CITY-ST-ZIP	OAK BROOK IL							64 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  4/14/97 670-848-1111

CR2E034 (9/96)