

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90183 045 ***150.00

DOCUMENT # P18211

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/03/1988

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 owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
PDT
HARDISON, JOHN
3106 ROYAL FOX DR
ST CHARLES IL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
-EVP
ZAGORSKI, GEORGE A
845 ROBERTS LANE
BATAVIA IL 60510

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
BLAIR, D. KEVIN
845 ROBERTS LN
BATAVIA IL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HANS, POETSCH
2906 ROYAL FOX DRIVE
ST CHARLES IL 60174

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
CHAPPEL, DON
3003 BUTTERFIELD RD
OAK BROOK FL 60521

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
JOHSON, ROYAL
3003 BUTTERFIELD RD
OAK BROOK FL 60521

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE President ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Executive VP/Secretary ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

14. 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 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, with all other like empowered.

SIGNATURE:

~~SIGNATURE REQUIRED~~
D. KEVIN BLAIR, EXEC. VP

4.13.99

Date

630/898-1161

Daytime Phone #

CR2E034 (11/98)

0558544