FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 2:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P19510** **(7)**

1. Current Name
CBI WALKER, INC.

Principal Place of Business
800 JORIE BOULEVARD
OAK BROOK IL 60522-4001

Mailing Address
800 JORIE BOULEVARD
OAK BROOK IL 60522-4001

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/03/1988**
3a. Date of Last Report: **02/01/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)

State, Apt. #, etc. (22)
State, Apt. #, etc. (27)

City & State (23)
City & State (28)

Zip (24) County (25) Zip (29) County (30)

4. FEI Number: **36-3026565** ☐ 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. *Does 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(s) 607.1607 and/or 608, 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 607.325, Florida Statutes.

SIGNATURE

12. OFFICERS AND/OR DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND/OR DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	HAGSTROM, J	NAME	
STREET ADDRESS	800 JORIE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	CITY-ST-ZIP	
TITLE	S	TITLE	☐ Change ☐ Addition
NAME	TOERBER, C.C.	NAME	
STREET ADDRESS	800 JORIE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	ROWZEE, E F	NAME	
STREET ADDRESS	1245 CORPORATE BLVD #102	STREET ADDRESS	
CITY-ST-ZIP	AURORA IL	CITY-ST-ZIP	
TITLE	VTD	TITLE	VT ☒ Change ☐ Addition
NAME	BIAGINI, S. L.	NAME	Kraef, S.A.
STREET ADDRESS	800 JORIE BLVD.	STREET ADDRESS	8305 Wildberry Ln.
CITY-ST-ZIP	OAK BROOK IL	CITY-ST-ZIP	Bartlett, IL 60103
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	AKIN, L. E.	NAME	
STREET ADDRESS	800 JORIE BLVD.	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	CITY-ST-ZIP	
TITLE	AS	TITLE	☐ Change ☐ Addition
NAME	RICKELM, H.E.	NAME	
STREET ADDRESS	1245 CORPORATE BLVD. SUITE 102	STREET ADDRESS	
CITY-ST-ZIP	AURORA IL	CITY-ST-ZIP	

14. I/We hereby certify that the information supplied with this filing is accurately 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 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 with an address.

SIGNATURE: Charlotte Toerber Secretary 4-25-95 708-572-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477632 FP