

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

FILED  
Jul 08 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P19621**

(2)

1. Corporation Name

**WILSONART INTERNATIONAL, INC.**

Principal Place of Business

**600 GENERAL BRUCE DRIVE  
TEMPLE TX 76504**

Mailing Address

**1717 DEERFIELD RD.  
DEERFIELD IL 60015-3977  
US**



2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25		30	

3. Date Incorporated or Qualified <b>06/13/1988</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>36-3578230</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T CORPORATION SYTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROEHLK, THOMAS M.	1.2 NAME	<b>JAMES M. Ringler</b>
STREET ADDRESS	1717 DEERFIELD ROAD	1.3 STREET ADDRESS	<b>1717 DEERFIELD ROAD</b>
CITY-ST-ZIP	DEERFIELD IL	1.4 CITY-ST-ZIP	<b>DEERFIELD, IL 60015</b>
TITLE	V	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTIGAN, JOHN M.	2.2 NAME	
STREET ADDRESS	1717 DEERFIELD ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BATTS, WARREN L.	3.2 NAME	<b>AS Gregory J. Mancuso</b>
STREET ADDRESS	1717 DEERFIELD ROAD	3.3 STREET ADDRESS	<b>1717 DEERFIELD ROAD</b>
CITY-ST-ZIP	DEERFIELD IL	3.4 CITY-ST-ZIP	<b>DEERFIELD, IL 60015</b>
TITLE	AT	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARL E JOHNSON	4.2 NAME	
STREET ADDRESS	1717 DEERFIELD RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	L JOHN FLETCHER	5.2 NAME	
STREET ADDRESS	1717 DEERFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	5.4 CITY-ST-ZIP	
TITLE	P	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REEB, WILLIAM R	6.2 NAME	<b>2400 Wilson Place</b>
STREET ADDRESS	600 GENERAL BRUCE DR.	6.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TX	6.4 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:

*[Signature]*

*6/23/97*

CR2E034 (9/96)