

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2400 Wilson Place		26		06/13/1988	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 P. O. Box 6110		27		36-3578230	
City & State		City & State		Applied For	
23 Temple, TX		28		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 76503-6110		29		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25		30		Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

C T CORPORATION SYTEM
1200 SOUTH 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's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C RINGLER, JAMES M	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD	1.2 NAME	
STREET ADDRESS	DEERFIELD IL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V COSTIGAN, JOHN M.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD ROAD	2.2 NAME	
STREET ADDRESS	DEERFIELD IL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	AS MANCUSO, GREGORY J	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD	3.2 NAME	
STREET ADDRESS	DEERFIELD IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	AT CARL E JOHNSON	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD	4.2 NAME	
STREET ADDRESS	DEERFIELD IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V L JOHN FLETCHER	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD	5.2 NAME	
STREET ADDRESS	DEERFIELD IL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	P REEB, WILLIAM R	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2400 WILSON PLACE	6.2 NAME	
STREET ADDRESS	TEMPLE TX	6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE _____ DATE _____

CR2E034 (10/97)