

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P20370 (3)**

1. Corporation Name  
**MILL TRANSPORTATION COMPANY**



Principal Place of Business: **11305 FRANKLIN AVENUE FRANKLIN PARK IL 60131**  
Mailing Address: **11305 FRANKLIN AVENUE FRANKLIN PARK IL 60131**

3. Date Incorporated or Qualified: **08/05/1988**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **36-3226281**  
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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26 3556 Lakeshore Rd**  
Suite, Apt. #, etc.: **22**  
City & State: **23 Buffalo, NY**  
Zip: **24 14219** Country: **25 US**

**9. Name and Address of Current Registered Agent**

**WALKER, ALFRED L.  
1001 N.W. 58TH CT  
FT. LAUDERDALE FL 33309**

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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: \_\_\_\_\_ DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92**

TITLE	<input type="checkbox"/> DELETE
NAME	<b>GROVE, KYLE D</b>
STREET ADDRESS	<b>1608 PINNSBURY A1</b>
CITY-ST-ZIP	<b>WHEELING IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>PASINSKI, DIANE M.</b>
STREET ADDRESS	<b>1200 INVERNESS LN</b>
CITY-ST-ZIP	<b>ITASCA IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>WALKER, ALFRED L.</b>
STREET ADDRESS	<b>BOX 5540 RFD N/A</b>
CITY-ST-ZIP	<b>LONG GROVE IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>RIDDER, JOELLEN</b>
STREET ADDRESS	<b>138 MARION</b>
CITY-ST-ZIP	<b>BARTLETT IL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	<b>ASST SECY/TREAS</b>
3. STREET ADDRESS	<b>WALTER T ERASMUS</b>
4. CITY-ST-ZIP	<b>3556 LAKESHORE RD</b>
5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	<b>DIRECTOR</b>
7. STREET ADDRESS	<b>BRIAN J LIKKE</b>
8. CITY-ST-ZIP	<b>3556 LAKESHORE RD</b>
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	<b>BUFFALO, NY 14219</b>
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-ST-ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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37. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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89. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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91. STREET ADDRESS	
92. CITY-ST-ZIP	
93. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
94. NAME	
95. STREET ADDRESS	
96. CITY-ST-ZIP	
97. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
98. NAME	
99. STREET ADDRESS	
100. CITY-ST-ZIP	

**300001869450**  
**-06/20/96--01039--045**  
**\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/15/96 716-826-6500  
05/19/96

CR2E034 (12/95)