

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

FILED

May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P20370 (3)
1. Corporation Name
MILL TRANSPORTATION COMPANY

Principal Place of Business 11305 FRANKLIN AVENUE FRANKLIN PARK IL 60131	Mailing Address 3556 LAKESHORE RD BUFFALO NY 14219-1400
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/05/1988	3a. Date of Last Report 06/19/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 36-3226281	Applied For Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

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 FL	

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 signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1608 PINNSBURY A1	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	WHEELING IL	2.1 TITLE	2.2 NAME
	VP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
	PASINSKI, DIANE M.	3.1 TITLE	3.2 NAME
	1200 INVERNESS LN	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
	ITASCA IL	4.1 TITLE	4.2 NAME
	P	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
	WALKER, ALFRED L.	5.1 TITLE	5.2 NAME
	BOX 5540 RFD N/A	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
	LONG GROVE IL	6.1 TITLE	6.2 NAME
	S	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
	RIDDER, JOELLEN		
	138 MARION		
	BARTLETT IL		
	AST		
	ERAZMUS, WALTER T		
	3556 LAKESHORE RD		
	BUFFALO NY 14219		
	D		
	LIPKE, BRIAN J		
	3556 LAKESHORE RD		
	BUFFALO NY 14219		

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 in an attachment with an address.

SIGNATURE:  4/30/97 716-826-6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)