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 # **P22218** **(2)**

1. Corporation Name

AIT WACKER, INC.

Principal Place of Business

C/O H. L. ROSENBERG
190 S LASALLE ST-3043
CHICAGO IL 60603

Mailing Address

C/O H. L. ROSENBERG
190 S LASALLE ST-3043
CHICAGO IL 60603

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: **12/21/1988**

3a. Date of Last Report: **02/14/1995**

4. FEI Number: **36-3659262** ☐ 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, F.S., in Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	11 TITLE	Director/President	XX Change ☐ Addition
NAME	SANDERS, J GRAYSON		12 NAME	John T. Roberts	
STREET ADDRESS	225 W RANDOLPH ST, HQ 13A		13 STREET ADDRESS	225 W. Randolph St., HQ 13A	
CITY-ST-ZIP	CHICAGO IL		14 CITY ST ZIP	Chicago, IL 60606	
TITLE	SD	☐ DELETE	21 TITLE	Secretary	XX Change ☐ Addition
NAME	JAMES-MOORE, BEATRICE		22 NAME	Lynne E. McNown	
STREET ADDRESS	225 W RANDOLPH ST HQ 13A		23 STREET ADDRESS	225 W. Randolph St., HQ 13A	
CITY-ST-ZIP	CHICAGO IL		24 CITY ST ZIP	Chicago, IL 60606	
TITLE	T	☐ DELETE	31 TITLE	Director/Treasurer	XX Change ☐ Addition
NAME	EGIZI, RALPH		32 NAME	Jane A. Western	
STREET ADDRESS	225 W RANDOLPH ST HQ 13A		33 STREET ADDRESS	225 W. Randolph St., HQ 13A	
CITY-ST-ZIP	CHICAGO IL		34 CITY ST ZIP	Chicago, IL 60606	
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY ST ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME	400001772014 -04/08/96--01030--023 ***200.00	
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY ST ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing 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 added above or on an attachment with an address.

SIGNATURE: Lynne E. McNown 2/23/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date
Lynne E. McNown, Secretary

CR2E034 (12/95)