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FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/21/1988

2. Principal Place of Business

21 225 West Randolph Street

Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 c/o H. L. Rosenberg

Suite, Apt. #, etc.

27 190 S. LaSalle Street

City & State

28 Chicago, IL

29 Zip

30 Country

60603

Cook

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

Signature, typed or printed name of registered agent and filed if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Director/President
NAME	ROBERTS, JOHN T	1.2 NAME	Robert Ruffatto
STREET ADDRESS	225 W. RANDOLPH ST., HQ 13A	1.3 STREET ADDRESS	225 West Randolph St., HQ 13A
CITY-ST-ZIP	CHICAGO IL 60606	1.4 CITY-ST-ZIP	Chicago, IL 60606
TITLE	S	2.1 TITLE	
NAME	MCNOWN, LYNNE E	2.2 NAME	
STREET ADDRESS	225 W. RANDOLPH ST., HQ 13A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	2.4 CITY-ST-ZIP	
TITLE	DT	3.1 TITLE	
NAME	WESTERN, JANE A	3.2 NAME	
STREET ADDRESS	225 W. RANDOLPH ST., HQ 13A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		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, on an attachment with an affidavit.

SIGNATURE:

Lynne E. McNown
Lynne E. McNown, Secretary

4/29/98

CR2E034 (10/97)