

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

PROFIT
CORPORATION
ANNUAL REPORT
1998

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

DOCUMENT # P23538
1. Corporation Name
ADAMS MAGNETIC PRODUCTS CO.

(2)

Principal Place of Business
2081 N 15 AVE
MELROSE PARK IL 60160
IIS

Mailing Address
2081 N. 15TH AVENUE
MELROSE PARK IL 60160
IIS

FILED
Jan 28 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/22/1989

4. FEI Number 36-3458361	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

g. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81	Name
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82	Street Address (P.O. Box Number is Not Acceptable)
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83

84	City
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FL

85	Zip Code
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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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MACCONAUGHA, JOHN	
STREET ADDRESS	2081 N. 15TH AVENUE	
CITY - ST - ZIP	MELROSE PARK IL	

TITLE	VDC	<input type="checkbox"/> DELETE
NAME	LEWIS, WILLIAM F.	
STREET ADDRESS	205 WILLOW SPRING RD	
CITY - ST - ZIP	WILLOW SPRINGS IL	

TITLE	ST	<input type="checkbox"/> DELETE
NAME	SWENSON, JANIE	
STREET ADDRESS	2081 N. 15TH AVE.	
CITY - ST - ZIP	MELROSE PARK IL	

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

☐ DELETE

CITY - ST - ZIP	TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
				<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	

2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		

3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST., ZIP	

4.4 CITY-STATE-ZIP		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE			
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			

5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: W. H. NAFEE **REQUIRED**

1/14/98 708-681-1800

CR2E034 (10/97)