

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P23538

1. Entity Name

ADAMS MAGNETIC PRODUCTS CO.

**FILED**  
**Mar 02, 2000 8:00 am**  
**Secretary of State**

03-02-2000 90179 009 \*\*\*150.00

Principal Place of Business

Mailing Address

N 15 AVE  
PARK IL 60160

2081 N. 15TH AVENUE  
MELROSE PARK IL 60126-1133  
US

00023042



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

888 LARCH AVENUE

3. Mailing Address

888 LARCH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

ELMHURST, ILL

City & State

ELMHURST, ILL

Zip

60126

Country

USA

Zip

60126

Country

USA

4. FEI Number

36-3458361

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☒ Delete  
NAME MACCONAUGHA, JOHN  
STREET ADDRESS 2081 N. 15TH AVENUE  
CITY-ST-ZIP MELROSE PARK IL

TITLE PRESIDENT ☒ Change ☒ Addition  
NAME LEWIS, SCOTT H.  
STREET ADDRESS 888 LARCH AVENUE  
CITY-ST-ZIP ELMHURST, IL 60126

TITLE VDC ☐ Delete  
NAME LEWIS, WILLIAM F.  
STREET ADDRESS 205 WILLOW SPRING RD  
CITY-ST-ZIP WILLOW SPRINGS IL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ST ☐ Delete  
NAME SWENSON, JANIE  
STREET ADDRESS 2081 N. 15TH AVE.  
CITY-ST-ZIP MELROSE PARK IL

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 888 LARCH AVE  
CITY-ST-ZIP ELMHURST, IL 60126

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)