FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 25 AM 11:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P24621** **(5)**

1. Corporation Name
SQUARE D COMPANY

Principal Place of Business	Mailing Address
1415 SOUTH ROSELLE ROAD PALATINE IL 60067	1415 SOUTH ROSELLE ROAD PALATINE IL 60067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **06/06/1969**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
Country — 25:
Zip — 29:
Country — 30:

4. FEI Number: **36-2440683** ☐ 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,* Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VPTS	11 TITLE		☐ Change ☐ Addition
NAME	DEXTER, FREE	12 NAME		
STREET ADDRESS	430 WESTWOOD DR.	13 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON IL	14 CITY-ST-ZIP		
TITLE	VP	21 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, FRANK	22 NAME		
STREET ADDRESS	603 OAK HILL RD	23 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON IL	24 CITY-ST-ZIP		
TITLE	VSD	31 TITLE		☐ Change ☐ Addition
NAME	KURCZEWSKI, WALTER W.	32 NAME		
STREET ADDRESS	2939 LAKE PLACID LANE	33 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	BRINK, WILLIAM P.	42 NAME		
STREET ADDRESS	4751 WOODCLIFF LANE	43 STREET ADDRESS		
CITY-ST-ZIP	PALATINE IL	44 CITY-ST-ZIP		
TITLE	P	51 TITLE		☐ Change ☐ Addition
NAME	DENNY, CHARLES W.	52 NAME		
STREET ADDRESS	206 OAKDENE ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	BARRINGTON HILLS IL	54 CITY-ST-ZIP		
TITLE	VP	61 TITLE	Vice President	☒ Change ☐ Addition
NAME	THOMPSON, CLIFFE	62 NAME	Charles Hite	
STREET ADDRESS	4820 CONFEEY LANE	63 STREET ADDRESS	249 N Bay Court	
CITY-ST-ZIP	LEXINGTON KY	64 CITY-ST-ZIP	Barrington IL 60010	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ APR 13 1995 (708) 397-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0407192 PP