APPLICATION FOR REINSTATEMENT	FLORIDA DEPARTME Sandra B. Mo Secretary of DIVISION OF CORPO	NT OF STATE rtham State	FILED		
DOCUMENT # P&471	R		98 AUG 10 PM 2: 15		
	ORMER, INC.		SECRETARY OF STATE TALLAHASSEE, FLORIDA		
Principal Place of Business	Mailing Address		II vive		
1776 Constitution Ave. Louisville, Ohio 44641	130 E. Randolph Suite 2900 Chicago, IL 60		STATEMENT 97.98		
If above addresses are incorrect in any way, line 2. New Principal Office Address, If Applicable	e through incorrect information and enter 3. New Mailing Office Address, I	correction below. Applicable 4. Date Inc.	orporated or Qualified usiness in Florida 6-6-89		
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State	5. FEI Nun	Applied For		
Zip Country	Zip Count	ry 6. CERTIFIC	SATE OF STATUS DESIREO		
7. Names and Street Addresses of Each Officer Name of Officers and/or Directors	St	ations must list at least 3 directors reet Address of Each flicer and/or Director ise Post Office Box Numbers)	City / State / Zip		
SRE ATTACHMENT	3 (00 NOT)	se Post Office Box Numbers)			
			40000261 2 5449 -08/11/9801024013 -****908.7 5 ****908.75		
B. Nama and Address of Curr	ant Devictored Agent	0.00			
NRAI Services, Inc. 526 B. Park Avenue Tallahassee, FL 32301 10. I, being appointed the registered agent of the Signature of	above named corporation, am familiar w	Name Street Address (P.O. Box Num Suite, Apt. #, Etc. City	State Zip Code FL ction 607.0505, F.S.		
Registered Agent Date Date Date					
11. This corporation owes or has paid the current year Intangible Personal Property tax due June 30. Yes No (See other side for information on intangible tax.)					
12. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filling this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.					
SIGNATURE: Thomas M. Fitzpatrick Vice President & Secretary August 3, 1998 312-726-2200 Bignature and typed on Printed Name of Signing Officer on Director Date Date Daylime Phone #					

Attachment to Application for Reinstatement for Ohio Transformer, Inc. in the State of Florida

List of Officers and Directors

<u>Title/Titles</u>	Name of Officer/Director	Street Address of Officer/Director
P/D	Jerry O. Williams	2750 Sheridan Road, Evanston, IL 60201-1728
v	Donald A. Biesack	1350 No. Lake Shore Dr. #1912-S, Chicago, IL 60610
V/S	Thomas M. Fitzpatrick	5514 S. Harper Ave., Chicago, IL 60637
V	John A. Saladino	130 E. Randolph Drive, Ste. 2900, Chicago, IL 60601
V/T/S	Joseph W. Helme, Jr.	408 W. 51st St., Western Springs, IL 60558
D	John Borden	30865 River Crossing, Bingham Farms, MI 48025
D	John D. Nichols	900 Mount Pleasant Rd., Winnetka, IL 60093
D	Sona Wang	818 Clinton Place, Evanston, IL 60201
D	John H. Wyant	2337 Grandin Road, Hyde Park, OH 45208
D	John R. Regan	119 E. Montgomery Ave. #3, Ardmore, PA 19003
D	William R. Givens	8 Coolidge Avenue, Acton, MA 01876
D	Richard B. Black	525 East 72 nd Street #46H, New York, NY 10021

(332/01/6DQ)