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

FILED
95 MAY -1 PM 3:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25984** **(6)**

1. Corporation Name
DACOR CORPORATION OF ILLINOIS

300001478033
-05/08/95--01011--001
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
161 NORTHFIELD RD. NORTHFIELD IL 60093	161 NORTHFIELD RD. NORTHFIELD IL 60093

3. Date Incorporated or Qualified: **09/11/1989**
3a. Date of Last Report: **03/10/1994**

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

4. FEI Number: **36-2327591** ☐ 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

WARNER, GERALD
1170 N.W. 77 AVE.
PLANTATION FL ~~33313~~ 33322 (SEE BLOCK #10)

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 **33322**

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☒ Change ☐ Addition
NAME	MICHKA, A. RICHARD	12 NAME		
STREET ADDRESS	161 NORTHFIELD RD.	13 STREET ADDRESS	* NO LONGER A DACOR Employee	
CITY-ST-ZIP	NORTHFIELD IL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	VICE PRESIDENT	☒ Change ☐ Addition
NAME	DAVISON, GARY	22 NAME		
STREET ADDRESS	161 NORTHFIELD RD.	23 STREET ADDRESS		
CITY-ST-ZIP	NORTHFIELD IL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	DAVIDSON, JEFFERY	32 NAME		
STREET ADDRESS	161 NORTHFIELD RD.	33 STREET ADDRESS		
CITY-ST-ZIP	NORTHFIELD IL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE	CHAIRMAN OF THE BOARD	☒ Change ☐ Addition
NAME	DAVISON, JOAN	42 NAME		
STREET ADDRESS	161 NORTHFIELD RD.	43 STREET ADDRESS		
CITY-ST-ZIP	NORTHFIELD IL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	ESLICK, DENNIS J.	52 NAME		
STREET ADDRESS	135 S. LASALLE ST.#2106	53 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

RC

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: _____ 4/1/95 (708) 446-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0487097 FP