

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 6:58

DOCUMENT # P28023 (0)

1. Corporation Name
HENRY PRATT COMPANY

Principal Place of Business 401 S. HIGHLAND AVE. AURORA IL 60506	Mailing Address 401 S. HIGHLAND AVE. AURORA IL 60506
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DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/07/1990	3a. Date of Last Report 03/24/1994
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 36-3658415		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Zip	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
STARK, WALTER J. 4301 32ND ST., WEST STE. E-2 BRADENTON FL 34205				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 fee if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLTGRAVER, EDWARD G.		1.2 NAME		
STREET ADDRESS	401 SOUTH HIGHLAND AVENUE		1.3 STREET ADDRESS		
CITY - ST - ZIP	AURORA IL		1.4 CITY - ST - ZIP		
TITLE	GMVP		2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BONOSORO, JOHN	DELETE	2.2 NAME	Controller	
STREET ADDRESS	401 SOUTH HIGHLAND AVENUE	NO LONGER	2.3 STREET ADDRESS	Tony Lally	
CITY - ST - ZIP	AURORA IL	APPLICABLE	2.4 CITY - ST - ZIP	401 S. Highland Avenue	
TITLE	VP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BERGER, RANDY L.		3.2 NAME		
STREET ADDRESS	401 SOUTH HIGHLAND AVENUE		3.3 STREET ADDRESS		
CITY - ST - ZIP	AURORA IL		3.4 CITY - ST - ZIP		
TITLE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP			4.4 CITY - ST - ZIP		
TITLE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CITY - ST - ZIP		
TITLE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY - ST - ZIP			6.4 CITY - ST - ZIP		

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)(b), 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *T. Lally* **T. Lally Controller** **March 28, 95** 708-844-4000
SIGNATURE AS TYPED ON PRINTED NAME OF LISTING OFFICER OR DIRECTOR