2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 22, 2001 8:00 am Secretary of State **DOCUMENT # P28023** 1. Entity Name HENRY PRATT COMPANY 01-22-2001 90003 050 ***150.00 Principal Place of Business Mailing Address 401 SOUTH HIGHLAND AVE 401 SOUTH HIGHLAND AVE AURORA IL 60506 AURORA IL 60506 000/44 lus 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 36-3658415 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324 Zip Code City FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) **PCEO** ☐ Delete ☐ Change ☐ Addition TITLE TITLE SMITH, DALE B NAME NAME 500 WEST ELDORADO STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP **DECATUR IL 62525 CFOS** ☐ Change ☐ Addition ☐ Delete TITLE JEAN, DARRELL M NAME NAME **500 WEST ELDORADO STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DECATUR IL 62525** CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE SMITH, WALTER NAME 500 WEST ELDORADO STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DECATUR IL 62525** CITY-ST-ZIP **VPSM** ☐ Addition ☐ Change TITLE ☐ Delete TITLE SHARP, STEVE NAME 401 S HIGHLAND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **AURORA IL 60526** CITY-ST-ZIP **VPGM** ☐ Delete TITLE ☐ Change ☐ Addition TITLE BERGER, RANDY NAME 401 S HIGHLAND AVE STREET ADDRESS STREET ADDRESS **AURORA IL 60506** CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change TITLE STROBL, MAUREEN NAME STREET ADDRESS 401 S HIGHLAND AVE STREET ADDRESS CITY-ST-ZIP AURORA IL 60506 CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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