

NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

95 APR 28 PM 3: 25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P29701 (0)

1. Corporation Name
HOOSIER FACTORIES INCORPORATED

Principal Place of Business
**5000 SOUTH OHIO ST.
MICHIGAN CITY IN 46360**

Mailing Address
**5000 SOUTH OHIO ST.
MICHIGAN CITY IN 46360**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
06/07/1990

3a. Date of Last Report
05/01/1994

4. FEI Number
35-1103970

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS

| | |
|-----------------|-----------------------------|
| TITLE | P |
| NAME | RICKS, ROYDON R |
| STREET ADDRESS | 5000 SOUTH OHIO ST. |
| CITY - ST - ZIP | MICHIGAN CITY IN |
| TITLE | VD |
| NAME | HAND, ELBERT O. |
| STREET ADDRESS | 101 N. WACKER DR. |
| CITY - ST - ZIP | CHICAGO IL |
| TITLE | VD |
| NAME | RUECKEL, WALLACE L |
| STREET ADDRESS | 101 N WACKER DR |
| CITY - ST - ZIP | CHICAGO IL |
| TITLE | AT |
| NAME | DAVISON, STEVEN R. |
| STREET ADDRESS | 101 N. WACKER DR. |
| CITY - ST - ZIP | CHICAGO IL |
| TITLE | V |
| NAME | SPRINGBORN, ROBERT L |
| STREET ADDRESS | 101 N WACKER DR |
| CITY - ST - ZIP | CHICAGO IL |
| TITLE | AS |
| NAME | PROCZKO, TARAS R |
| STREET ADDRESS | 101 N WACKER DR |
| CITY - ST - ZIP | CHICAGO IL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|---------------------|------------|--|
| 1.1 TITLE | P/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY - ST - ZIP | | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY - ST - ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY - ST - ZIP | | |
| 4.1 TITLE | T | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY - ST - ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |
| 6.1 TITLE | S | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY - ST - ZIP | | |

(Continued on Exhibit "A" attached)

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or both, attachment with an address.

SIGNATURE: *Taras R. Proczko* Secretary **4/21/95** 312 357-5321

Taras R. Proczko

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**HOOSIER FACTORIES, INCORPORATED
1995 FLORIDA ANNUAL REPORT
ADDITIONAL OFFICERS AND DIRECTORS
EXHIBIT "A"**

| <u>Name</u> | <u>Office</u> | <u>Address</u> |
|--------------------|---------------------|---------------------------------------|
| Beth A. Campbell | Assistant Treasurer | 101 North Wacker Drive Chicago, IL |
| Glenn R. Morgan | Assistant Treasurer | 101 North Wacker Drive Chicago, IL |
| Kenneth A. Hoffman | Director | 101 North Wacker Drive Chicago, IL |
| Homi B. Patel | Director | 101 North Wacker Drive Chicago, IL |