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

APPROVED AND FILED
'95 APR 26 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P30336** **(2)**

1. Corporation Name
THE LOVESHAW CORPORATION

Principal Place of Business	Mailing Address
10 FLEETWOOD COURT RONKONKOMA NY 11779	10 FLEETWOOD COURT RONKONKOMA NY 11779

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/30/1990
3a. Date of Last Report: 05/10/1994

2. Principal Place of Business	2a. Mailing Address	4. FEI Number: 04-3091784	☐ Applied For ☐ Not Applicable
21 3600 West Lake Avenue	26 3600 West Lake Avenue		
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc. Tax Dept.	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
23 City & State: Glenview, IL 60025-5811	28 City & State: Glenview, IL 60025-5811	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
24 Zip / 25 Country: USA	29 Zip / 30 Country: USA	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1200 S. Pine Island Rd.
83
84 City: Plantation FL 85 Zip Code: 33324

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	CD	11 TITLE		☒ Change ☐ Addition
NAME	FERENBACH, CARL	12 NAME	Hugh Zentmyer	
STREET ADDRESS	% ONE BOSTON PLACE,#3425	13 STREET ADDRESS	3600 West Lake Avenue	
CITY-ST-ZIP	BOSTON MA	14 CITY-ST-ZIP	Glenview, IL 60025-5811	
TITLE	VD	21 TITLE	V/T/D	XX Change ☐ Addition
NAME	CALLAGHAN, KEVIN T.	22 NAME	Michael J. Robinson	
STREET ADDRESS	% ONE BOSTON PLACE,#3425	23 STREET ADDRESS	3600 West Lake Avenue	
CITY-ST-ZIP	BOSTON MA	24 CITY-ST-ZIP	Glenview, IL 60025-5811	
TITLE	PD	31 TITLE	V/S/D	☒ Change ☐ Addition
NAME	DI RUSSO, ANTHONY JR.	32 NAME	Stewart S. Hudnut	
STREET ADDRESS	% 10 FLEETWOOD COURT	33 STREET ADDRESS	3600 West Lake Avenue	
CITY-ST-ZIP	RONKONKOMA NY	34 CITY-ST-ZIP	Glenview, IL 60025-5811	
TITLE	VSD	41 TITLE	V	☒ Change ☐ Addition
NAME	LESLIE, THOMAS	42 NAME	Robert V. McGrath	
STREET ADDRESS	%10 FLEETWOOD CT	43 STREET ADDRESS	3600 West Lake Avenue	
CITY-ST-ZIP	RONKONKOMA NY	44 CITY-ST-ZIP	Glenview, IL 60025-5811	
TITLE	VT	51 TITLE	P	☒ Change ☐ Addition
NAME	THOMPSON, KENNETH J	52 NAME	Arno Proctor	
STREET ADDRESS	% 10 FLEETWOOD COURT	53 STREET ADDRESS	3600 West Lake Avenue	
CITY-ST-ZIP	RONKONKOMA NY	54 CITY-ST-ZIP	Glenview, IL 60025-5811	
TITLE	D	61 TITLE	V	☒ Change ☐ Addition
NAME	SMITH, WILLIAM	62 NAME	Thomas W. Buckman	
STREET ADDRESS	% ONE BOSTON PLACE,#3425	63 STREET ADDRESS	3600 West Lake Avenue	
CITY-ST-ZIP	BOSTON MA	64 CITY-ST-ZIP	Glenview, IL 60025-5811	

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. Robert V. McGrath

SIGNATURE: Robert V. McGrath Vice President, Tax 4/19/95 708-724-7500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

047A03A FP