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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 8:48

DOCUMENT # **P31801** **(4)**

1. Corporation Name
R-H CO.

Principal Place of Business	Mailing Address
1224 N. HARDING AVENUE DES PLAINES IL 60016	1224 N. HARDING AVENUE DES PLAINES IL 60016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/17/1990
3a. Date of Last Report: 02/02/1994

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

4. FEI Number: 36-6078069 ☐ 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

DENNIS, KEITH
1651 ROBERT J. CONLAN BLVD.
PALM BAY FL 32905

10. Name and Address of New Registered Agent

81 Name: PAT MURPHREE
82 Street Address (P.O. Box Number Is Not Acceptable): 1651 ROBERT J. CONLAN BLVD.
83
84 City: PALM BAY FL 85 Zip Code: 32905

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: Pat Murphree — 1-30-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	1.1 TITLE		☐ Change ☐ Addition
NAME	WILKIE, MICHAEL L.	1.2 NAME		
STREET ADDRESS	254 N. LAUREL AVENUE	1.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE		☐ Change ☐ Addition
NAME	WEBER, P.J.	2.2 NAME		
STREET ADDRESS	254 N. LAUREL AVENUE	2.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	HENRICKS, J.M.	3.2 NAME		
STREET ADDRESS	254 N. LAUREL AVENUE	3.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	3.4 CITY-ST-ZIP		
TITLE	S	4.1 TITLE		☐ Change ☐ Addition
NAME	TIMM, THEODORE R.	4.2 NAME		
STREET ADDRESS	254 N. LAUREL AVENUE	4.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	KLAASEN, A.J.	5.2 NAME	DAVID WALL	
STREET ADDRESS	254 N. LAUREL AVENUE	5.3 STREET ADDRESS	254 N. LAUREL AVENUE	
CITY-ST-ZIP	DES PLAINES IL	5.4 CITY-ST-ZIP	DES PLAINES, IL 60016	
TITLE	V	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHWAN, PAUL	6.2 NAME		
STREET ADDRESS	1224 N. HARDING	6.3 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL	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)(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: David Wall, DAVID WALL 1/16/95 (708) 824-1122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Daytime Phone #)

0407701 FP