FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P33345** **(0)**

1. Corporation Name

WILSON UTC, INC.

Principal Place of Business

1104 TOWER LANE
BENSENVILLE IL 60106

Mailing Address

1104 TOWER LANE
BENSENVILLE IL 60106

3. Date Incorporated or Qualified: 03/28/1991

3a. Date of Last Report: 03/06/1995

4. FEI Number: 11-2218724 — ☐ 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
21 750 WALNUT AVE
Suite, Apt. #, etc.
22
City & State
23 CRANFORD NJ
Zip 24 07016 Country 25 USA

2a. Mailing Address
26 750 WALNUT AVE
Suite, Apt. #, etc.
27
City & State
28 CRANFORD NJ
Zip 29 07016 Country 30 USA

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ____ (NOTE: Registered Agent signature required when reinstating) DATE ____

12. OFFICERS AND DIRECTORS

TITLE	P	☐ DELETE
NAME	GLANTZ, FRED J.	
STREET ADDRESS	1104 TOWER LANE	
CITY-ST-ZIP	BENSENVILLE IL	
TITLE	S	☑ DELETE
NAME	MARSEE, EDWARD	
STREET ADDRESS	250 WALNUT AVE., CN1196	
CITY-ST-ZIP	GRANFORD NJ	
TITLE	V	☐ DELETE
NAME	JORDAN, EDWARD H.	
STREET ADDRESS	1104 TOWER LANE	
CITY-ST-ZIP	BENSENVILLE IL	
TITLE	V	☑ DELETE
NAME	THUEMMEL, WOLF R.	
STREET ADDRESS	1104 TOWER LANE	
CITY-ST-ZIP	BENSENVILLE IL	
TITLE	AS	☐ DELETE
NAME	PURDY, JOHN D., JR.	
STREET ADDRESS	47 WEST POLK ST., 3RD FL	
CITY-ST-ZIP	BENSENVILLE IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☑ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	750 WALNUT AVE CN 1196	
1.4 CITY-ST-ZIP	CRANFORD NJ 07016	
2.1 TITLE	S	☐ Change ☑ Addition
2.2 NAME	PAUL GENOVA	
2.3 STREET ADDRESS	750 WALNUT AVE CN 1196	
2.4 CITY-ST-ZIP	CRANFORD NJ 07016	
3.1 TITLE		☑ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	2601 GREENLEAF AVE	
3.4 CITY-ST-ZIP	ELK GROVE VILLAGE IL 60007	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☑ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	W15 YORK RD 5TH FLOOR	
5.4 CITY-ST-ZIP	OAK BROOK IL 60521	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: [signature] 1/18/96 908-709-0440

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

PAUL GENOVA SECRETARY