

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

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AND  
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05 MAY -1 PM 2:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P37838** (0)  
1. Corporation Name  
**MQS INSPECTION, INC.**

Principal Place of Business: **800 JORIE BOULEVARD  
OAK BROOK IL 60522-7001**  
Mailing Address: **800 JORIE BOULEVARD  
OAK BROOK IL 60522-7001**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated (or Qualified): **03/10/1992** 3a. Date of Last Report: **02/01/1994**

4. FID Number: **36-3805594** 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 § 190.001, Florida Statutes.  Yes  No

2. Principal Place of Business: **21** 2a. Mailing Address: **26**  
State: Apt. # etc: **22** State: Apt. # etc: **27**  
City, Co., State: **23** City, Co., State: **28**  
City: **24** County: **25** City: **29** County: **30**

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

**C T CORPORATION SYSTEM  
1200 SOUTH 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: \_\_\_\_\_ 85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 609.01, 609.02 and 609.03, 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 Sections 609.01, 609.02 and 609.03, Florida Statutes.

SIGNATURE

Name of Registered Agent (print name and title): \_\_\_\_\_

Name of Registered Agent (print name and title): \_\_\_\_\_

Date: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

12-1 NAME	<b>C</b>
12-2 STREET ADDRESS	<b>AKIN, L E 8221 LAKE RIDGE DR BURR RIDGE IL 60521</b>
12-3 CITY	<b>P</b>
12-4 NAME	<b>DORAN, H V</b>
12-5 STREET ADDRESS	<b>326 KENSINGTON CT. PALATINE IL 60067</b>
12-6 CITY	<b>V</b>
12-7 NAME	<b>FALOON, R C</b>
12-8 STREET ADDRESS	<b>575 SIGNAL HILL RD NO. BARRINGTON IL 60010</b>
12-9 CITY	<b>V</b>
12-10 NAME	<b>BAILEY, J J</b>
12-11 STREET ADDRESS	<b>600 ENGEL BLVD. PARK RIDGE IL 60068</b>
12-12 CITY	<b>V</b>
12-13 NAME	<b>SHERWIN, M F</b>
12-14 STREET ADDRESS	<b>700 PERRIE DR, APT. 413 ELK GROVE VILLAGE IL 60007</b>
12-15 CITY	<b>V</b>
12-16 NAME	<b>MCCABE, J S</b>
12-17 STREET ADDRESS	<b>9 BAILEY RD NAPERVILLE IL 60585</b>
12-18 CITY	<b>V</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

13-1 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-2 STREET ADDRESS	
13-3 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-4 NAME	
13-5 STREET ADDRESS	
13-6 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-7 NAME	
13-8 STREET ADDRESS	
13-9 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-10 NAME	
13-11 STREET ADDRESS	
13-12 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13-13 NAME	
13-14 STREET ADDRESS	
13-15 CITY	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and that it qualifies for the exemption stated in Sections 190.001 and 190.002, Florida Statutes. I further certify that the information is correct. The corporation reports no supplemental annual report is due and is complete and that the corporation shall have the same bear office filing if such is applicable. That I am an eligible candidate for election as registered agent of the corporation or the removal of the corporation's registered agent as required by Chapter 609, Florida Statutes, and that my name appears on Block 1 and Block 2 of the report or on the attached form with an affidavit.

SIGNATURE: *Charlotte Toerber*  
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Charlotte Toerber Secretary**

4-25-95 708-512-7000

937838

**MOS INSPECTION, INC.**  
**OFFICERS AND DIRECTORS**

<u>ME</u>	<u>OFFICE</u>	<u>ADDRESS</u>
* L. E. Akin 420-40-6396	Chairman of the Board	8221 Lake Ridge Drive Burr Ridge, IL 60521
* H. V. Doran 112-28-6091	President	326 Kensington Court Palatine, IL 60067
R. C. Faloon 005-26-9458	Executive Vice President	575 Signal Hill Road No. Barrington, IL 60010
J. J. Bailey 367-58-5452	Vice President	600 Engel Blvd. Park Ridge, IL 60068
M. F. Sherwin 378-44-0078	Vice President	700 Perrie Dr., Apt. 413 Elk Grove Village, IL 60007
S.G. Breitenstein 483-78-9778	Controller	971 Indian Spring Lane Buffalo Grove, IL 60089
* Scott A. Krapf 351-52-2209	Vice President & Treasurer	305 Wildberry Lane Bartlett, IL 60103
C. C. Toerber 328-44-4059	Secretary	418 Edgewood River Forest, IL 60305
V. Geraci 341-28-3159	Assistant Secretary	3405 N. Ottawa Chicago, IL 60634
J. S. McCabe 465-42-7871	Vice President	9 Bailey Rd Naperville, IL 60565

\* Denotes Director

Effective June, 1993

MOSINSPN.O&D