

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 PM 2:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P38573

(2)

1. Corporation Name
DYNAGEAR, INC.

Principal Place of Business
**P. O. BOX 1406
2500 CURTISS ST.
DOWNERS GROVE IL 60515**

Mailing Address
**P. O. BOX 1406
2500 CURTISS ST.
DOWNERS GROVE IL 60515**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified
04/27/1992

3a. Date of Last Report
07/20/1994

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

36-2844493

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

10. Name and Address of New Registered Agent

**GREEN, ROBERT
9610 HILLTOP DR.
NEW PORT RICHEY FL 33553**

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

Signature, typed or printed name of registered agent and firm if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE
DC
NAME
GREEN, ROBERT L.
STREET ADDRESS
2500 CURTISS ST.
CITY - ST - ZIP
DOWNERS GROVE IL

TITLE
DS
NAME
GREEN, PENNY K.
STREET ADDRESS
2500 CURTISS ST.
CITY - ST - ZIP
DOWNERS GROVE IL

TITLE
DP
NAME
NAIR, LOU
STREET ADDRESS
2500 CURTISS ST.
CITY - ST - ZIP
DOWNERS GROVE IL

TITLE
VP
NAME
MCCANN, RAY
STREET ADDRESS
2500 CURTISS ST.
CITY - ST - ZIP
DOWNERS GROVE IL

TITLE
CEO
NAME
GREEN, ROBERT
STREET ADDRESS
2500 CURTISS ST.
CITY - ST - ZIP
DOWNERS GROVE IL

TITLE
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

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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 110.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RAY MCCANN

4/28/95

(905) 969-1008