

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000029578 (8)

1. Corporation Name

FINZER ROLLER, INC./DUREX DIVISION



Principal Place of Business

Mailing Address

3920 W. ARMITAGE AVE.
CHICAGO IL 60647

3920 W. ARMITAGE AVE.
CHICAGO IL 60647

3. Date Incorporated or Qualified

04/14/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2520 MCJUNKIN BLVD
Suite, Apt. #, etc.

26 3920 W. ARMITAGE AVE
Suite, Apt. #, etc.

4. FEI Number

26-4019029

Applied For

Not Applicable

22 City & State

23 LAKELAND, FL

24 33803 25 Country

27 City & State

28 CHICAGO, IL

29 60647 30 Country

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

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

10. Name and Address of New Registered Agent

81 Name
MARTIN B. FINZER
82 Street Address (P.O. Box Number is Not Acceptable)
2580 OLD COMBEE ROAD
83
84 City
LAKELAND FL 85 Zip Code
33805

11. Pursuant to the provisions of Sections 607.0532 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

Martin B. Finzer MARTIN B. FINZER

4/30/96

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE THE PRESIDENT ☐ DELETE
NAME THOMAS E. RYAN III
STREET ADDRESS 3920 W. ARMITAGE
CITY-ST-ZIP CHICAGO, IL 60647

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SECRETARY-TREASURER ☐ DELETE
NAME ROBERT E. SULLIVAN
STREET ADDRESS 3920 W. ARMITAGE AVE
CITY-ST-ZIP CHICAGO, IL 60647

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VICE PRESIDENT ☐ DELETE
NAME JOHN O. FINZER III
STREET ADDRESS 3920 W. ARMITAGE AVE
CITY-ST-ZIP CHICAGO, IL 60647

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 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, or on an attachment with an address.

SIGNATURE:

ROBERT SULLIVAN VP

4/30/96

312 486 1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)