

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 FEB 27 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 824272 (9)

1. Corporation Name
MATHEWS EQUIPMENT CO.

Principal Place of Business Mailing Address
**500 INDUSTRIAL AVE
CRYSTAL LAKE IL 60012-3684** **500 INDUSTRIAL AVE
CRYSTAL LAKE IL 60012-3684**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/24/1970** 3a. Date of Last Report **02/08/1994**
4. FEI Number **36-2557918** 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 the if applicable

(If the Registered Agent signature requires other registration)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLUND, RONALD D.	1.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL LAKE IL	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, DAVID L.	2.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL LAKE IL	2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MATHEWS, VIOLET	3.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL LAKE IL	3.4 CITY - ST - ZIP	
TITLE	VPTD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEDLACK, JUDITH	4.2 NAME	
STREET ADDRESS	500 INDUSTRIAL AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CRYSTAL LAKE IL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.076(4)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same legal effect as if my name were not on this report, and 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: *Ronald D. Gillund* **RONALD D. GILLUND** 2/21/95 (815) 454-2210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR