

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Mar 18 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified 03/24/1970	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 36-2557918	Applied For <input type="checkbox"/> Not Applicable
21. State, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	29. Country		

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GILLUND, RONALD D.		1.2 NAME Lawrence J. Antos	
STREET ADDRESS 500 INDUSTRIAL AVE		1.3 STREET ADDRESS 500 Industrial Avenue	
CITY, ST, ZIP CRYSTAL LAKE IL		1.4 CITY-ST-ZIP Crystal Lake, IL 60012	
TITLE CD	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	3.1 TITLE Only a Director	<input checked="" 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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	5.1 TITLE Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME Judith A. Gallitz	
STREET ADDRESS		5.3 STREET ADDRESS 500 Industrial Avenue	
CITY, ST, ZIP		5.4 CITY-ST-ZIP Crystal Lake, IL 60012	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE Directors Only	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME Jeffrey L. Sedlack & Deborah L. Batterham	
STREET ADDRESS		6.3 STREET ADDRESS 500 Industrial Avenue	
CITY, ST, ZIP		6.4 CITY-ST-ZIP Crystal Lake, IL 60012	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Lawrence J. Antos* **LAURENCE J. ANTOS** 3/6/97 815-469-2210

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

CR2E034 (9/96)