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Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90154 028 ***150.00

UDC311

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 824272

1. Corporation Name
MATHEWS EQUIPMENT CO.

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

Mailing Address
**P. O. BOX 70
 CRYSTAL LAKE IL 60039-0070
 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/24/1970	
4. FEI Number 36-2557918	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> 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	29
25	30

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	ANTOS, LAWRENCE J
STREET ADDRESS	500 INDUSTRIAL AVE
CITY-ST-ZIP	CRYSTAL LAKE IL
TITLE	CD <input type="checkbox"/> DELETE
NAME	MATHEWS, DAVID L.
STREET ADDRESS	500 INDUSTRIAL AVE
CITY-ST-ZIP	CRYSTAL LAKE IL
TITLE	D <input type="checkbox"/> DELETE
NAME	MATHEWS, VIOLET
STREET ADDRESS	500 INDUSTRIAL AVE
CITY-ST-ZIP	CRYSTAL LAKE IL
TITLE	VPTD <input type="checkbox"/> DELETE
NAME	SEDLACK, JUDITH
STREET ADDRESS	500 INDUSTRIAL AVE.
CITY-ST-ZIP	CRYSTAL LAKE IL
TITLE	S <input type="checkbox"/> DELETE
NAME	GALITZ, JUDITH A
STREET ADDRESS	500 INDUSTRIAL AVE
CITY-ST-ZIP	CRYSTAL LAKE IL
TITLE	D <input type="checkbox"/> DELETE
NAME	SEDLACK, JEFFREY L
STREET ADDRESS	500 INDUSTRIAL AVE
CITY-ST-ZIP	CRYSTAL LAKE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence J. Antos* (Lawrence J. Antos President 3/5/99 815-459-2210
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)