

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90372 027 ***150.00

DOCUMENT # 824272

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-2557918**

Applied For
 Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Lawrence J. Antos
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawrence J. Antos

4/28/00
 Date

815-459-2210

Daytime Phone #

CR2E034 (9/99)