


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90003 016 ***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
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54025835



03262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2557918	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ANTOS, LAWRENCE J 500 INDUSTRIAL AVE CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MATHEWS, DAVID L. 500 INDUSTRIAL AVE CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, VIOLET 500 INDUSTRIAL AVE CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD SEDLACK, JUDITH 500 INDUSTRIAL AVE. CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GALITZ, JUDITH A 500 INDUSTRIAL AVE CRYSTAL LAKE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEDLACK, JEFFREY L 500 INDUSTRIAL AVE CRYSTAL LAKE, IL

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lawrence J. Antos* 3/31/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #