

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90019 002 ***150.00

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07052006 No Chg-P CR2E034 (11/05)

DOCUMENT # 824272
 1. Entity Name
 MATHEWS EQUIPMENT CO.



Principal Place of Business Mailing Address
 500 INDUSTRIAL AVE P. O. BOX 70
 CRYSTAL LAKE, IL 60012-3684 CRYSTAL LAKE, IL 60039-0070 US

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-2557918 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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
Due by September 6, 2006

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/5/06 815-459-2210
Date Daytime Phone #