


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

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Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90038 031 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 361676
 1. Corporation Name
OLIVER-HOFFMANN CORP OF DEERFIELD BEACH

Principal Place of Business 7S 251 OLESEN LANE % MCDERMOTT, WILL & EMERY NAPERVILLE IL 60540 US	Mailing Address 7S 251 OLESEN LANE % MCDERMOTT, WILL & EMERY NAPERVILLE IL 60540 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1970	
21 7S 251 Olesen Lane	Suite, Apt. #, etc.	26 7S 251 Olesen Lane	Suite, Apt. #, etc.	4. FEI Number 36-2702994	Applied For <input type="checkbox"/> Not Applicable
22	City & State Naperville, Illinois	27	City & State Naperville, Illinois	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip 60540	Country U. S. A.	28	Zip 60540	Country U. S. A.
24 60540		25 U. S. A.		29 60540	
30 U. S. A.		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SIFF, STEVEN E MCDERMOTT, WILL & EMERY 201 SOUTH BISCAYNE BLVD MIAMI FL 33131-4336				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	SD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMANN, CAMILLE O			1.2 NAME			
STREET ADDRESS	7 S. 251 OLESEN LANE			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPERVILLE IL			1.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOPP, RAYMOND R			2.2 NAME			
STREET ADDRESS	7S 251 OLESEN LANE			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPERVILLE, IL 00000			2.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOFFMANN, PAUL W			3.2 NAME	Hoffmann, Camille O.		
STREET ADDRESS	7 S. 251 OLESEN LANE			3.3 STREET ADDRESS	7S 251 Olesen Lane		
CITY-ST-ZIP	NAPERVILLE IL			3.4 CITY-ST-ZIP	Naperville, IL 60540		
TITLE	VTD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHULZ, ROBERT W			4.2 NAME			
STREET ADDRESS	7S 251 OLESEN LANE			4.3 STREET ADDRESS			
CITY-ST-ZIP	NAPERVILLE, IL 00000			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert W. Schulz* **Robert W. Schulz, Vice President** 1/15/99 (630) 357-3000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #