

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 829814 (3)

1. Corporation Name  
**APV CREPACO, INC.**



Principal Place of Business: **9525 W. BRYN MAWR AVENUE ROSEMONT IL 60018**  
 Mailing Address: **9525 W. BRYN MAWR AVENUE ROSEMONT IL 60018**

3. Date Incorporated or Qualified: **03/30/1973**  
 3a. Date of Last Report: **05/01/1995**  
 4. FEI Number: **36-2759592**  
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **9525 W. BRYN MAWR AVE**  
 2a. Mailing Address: [Blank]  
 21. Suite, Apt #, etc.: [Blank]  
 22. City & State: [Blank]  
 23. Zip: [Blank] Country: [Blank]  
 24. Zip: [Blank] Country: [Blank]

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

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: [Signature] DATE: [Blank]

12. OFFICERS AND DIRECTORS

TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>LAEBERACH, J G</b>	
STREET ADDRESS	<b>9525 W BRYN MAWR AVE</b>	
CITY - ST - ZIP	<b>ROSEMONT IL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>FRENCH, N</b>	
STREET ADDRESS	<b>1 LYBON PLACE</b>	
CITY - ST - ZIP	<b>LONDON TN</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>NILLES, T M</b>	
STREET ADDRESS	<b>9525 W BRYN MAWR AVE</b>	
CITY - ST - ZIP	<b>ROSEMONT IL</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KRISTENSEN, JENS-ERIK</b>	
STREET ADDRESS	<b>9525 W BRYN MAWR AVE</b>	
CITY - ST - ZIP	<b>ROSEMONT IL</b>	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY - ST - ZIP	[Blank]	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	[Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>A. PAUL LEWIS</b>	
1.3 STREET ADDRESS	[Blank]	
1.4 CITY - ST - ZIP	[Blank]	
2.1 TITLE	[Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>JOHN KENNERLEY</b>	
2.3 STREET ADDRESS	<b>9525 W. BRYN MAWR AVE</b>	
2.4 CITY - ST - ZIP	<b>ROSEMONT IL 60018</b>	
3.1 TITLE	[Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>IRWIN SHUA</b>	
3.3 STREET ADDRESS	[Blank]	
3.4 CITY - ST - ZIP	[Blank]	
4.1 TITLE	[Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	[Blank]	
4.3 STREET ADDRESS	[Blank]	
4.4 CITY - ST - ZIP	[Blank]	
5.1 TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[Blank]	
5.3 STREET ADDRESS	[Blank]	
5.4 CITY - ST - ZIP	[Blank]	
6.1 TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[Blank]	
6.3 STREET ADDRESS	[Blank]	
6.4 CITY - ST - ZIP	[Blank]	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k) 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 617, Florida Statutes, and that my name appears in Block 1 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X [Signature] **Secretary** July 30, 1996 (847) 678-4300  
 A. PAUL LEWIS

CR2E034 (3/96)