

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

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Jul 08, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 829814

1. Corporation Name
APV NORTH AMERICA, INC.

Principal Place of Business
525 W. BRYN MAWR AVENUE
ROSEMONT IL 60018

Mailing Address
9525 W. BRYN MAWR AVENUE
ROSEMONT IL 60018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/30/1973	
1		26		4. FEI Number 36-2759592	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

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		DATE	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
12. OFFICERS AND DIRECTORS			
TITLE	S LEWIS, A. PAUL	DELETE	
NAME	9525 W BRYN MAWR AVE		
STREET ADDRESS	ROSEMONT IL		
CITY-STATE-ZIP			
TITLE	VD SHUR, IRWIN	DELETE	
NAME	9525 W BRYN MAWR AVE		
STREET ADDRESS	ROSEMONT IL		
CITY-STATE-ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		DELETE	
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	President; Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	John K. Harts Worm		
1.3 STREET ADDRESS	9525 W. Bryn Mawr		
1.4 CITY-STATE-ZIP	Rosemont, IL 60018		
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME	A. Paul Lewis		
2.3 STREET ADDRESS	9525 W. Bryn Mawr		
2.4 CITY-STATE-ZIP	Rosemont, IL 60018		
3.1 TITLE	Secretary, VP, Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	Irwin M. Shur		
3.3 STREET ADDRESS	9525 W. Bryn Mawr		
3.4 CITY-STATE-ZIP	Rosemont, IL 60018		
4.1 TITLE	Treasurer - Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	Michael G. Drennan		
4.3 STREET ADDRESS	9525 W. Bryn Mawr		
4.4 CITY-STATE-ZIP	Rosemont, IL 60018		
5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-STATE-ZIP			
6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-STATE-ZIP			

4. 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 of 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:

SIGNATURE RIA PAUL LEWIS

6/24/99

847-678-4300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)