

FILED

May 13 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 839449 (6)
1. Corporation Name
THE L.E. MYERS CO.

Principal Place of Business	Mailing Address
2550 W GOLF RD ROLLING MEADOWS IL 60008	1701 W GOLF RD. STE 1012 ROLLING MEADOWS IL 60008 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/09/1977

2. Principal Place of Business		2a. Mailing Address	
21	101 W. Golf Rd	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	Suite 1012	27	
City & State		City & State	
23	Rolling Meadows, IL	28	
Zip	Country	Zip	Country
24	60008	29	30

4. FEI Number 36-1517230	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input 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	81 Name
	82 Street Address
	83
	84 City

10. Name and Address of New Registered Agent		
P.O. Box Number is Not Acceptable)		
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinslating)

DATE _____

12.		OFFICERS AND DIRECTORS	
TITLE	CPCE		<input type="checkbox"/> DELETE
NAME	BRENNAN III, CHARLES M		
STREET ADDRESS	2550 W GOLF ROAD / STE - 200		
CITY-ST-ZIP	ROLLING MEADOWS IL		
TITLE	SVP		<input type="checkbox"/> DELETE
NAME	NELSON, BYRON D		
STREET ADDRESS	2550 W GOLF ROAD / STE - 200		
CITY-ST-ZIP	ROLLING MEADOWS IL		
TITLE	SVP		<input type="checkbox"/> DELETE
NAME	ROBBINS, ELLIOTT C		
STREET ADDRESS	2550 W GOLF ROAD / STE - 200		
CITY-ST-ZIP	ROLLING MEADOWS IL		
TITLE	SVP		<input type="checkbox"/> DELETE
NAME	MARTIN, RICHARD A		
STREET ADDRESS	2550 W GOLF ROAD / STE - 200		
CITY-ST-ZIP	ROLLING MEADOWS IL		
TITLE	C		<input type="checkbox"/> DELETE
NAME	JOHNSON, BETTY R		
STREET ADDRESS	2550 W. GOLF ROAD, SUITE 200		
CITY-ST-ZIP	ROLLING MEADOWS IL		
TITLE	William S. Skibitsky		<input type="checkbox"/> DELETE
NAME	PRESIDENT		
STREET ADDRESS	1701 W. Golf Rd, Ste 1012		
CITY-ST-ZIP	Rolling Meadows IL 60008		

13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Chairman of The Board	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS	1701 W. Golf Rd, Ste 1012		
1.4 CITY - ST - ZIP	Rolling Meadows, IL 60008		
2.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS	1701 W. Golf Rd, Ste 1012		
2.4 CITY - ST - ZIP	Rolling Meadows, IL 60008		
3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS	1701 W. Golf Rd, Ste 1012		
3.4 CITY - ST - ZIP	Rolling Meadows, IL 60008		
4.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS	1701 W. Golf Rd, Ste 1012		
4.4 CITY - ST - ZIP	Rolling Meadows, IL 60008		
5.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
5.2 NAME			
5.3 STREET ADDRESS	1701 W. Golf Rd, Ste 1012		
5.4 CITY - ST - ZIP	Rolling Meadows, IL 60008		
6.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
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 as an attachment with an address.

SIGNATURE

RVD/LX, 250cc, 11/27/98 (847)
226-1091

CR2E034 (10/97)