

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **849392** (6)
1. Corporation Name
RAGNAR BENSON, INC.



Principal Place of Business: **250 SOUTH NORTHWEST HWY PARK RIDGE IL 60068**
Mailing Address: **250 SOUTH NORTHWEST HWY PARK RIDGE IL 60068**

3. Date Incorporated or Qualified: **06/10/1981**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **36-3026351**
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: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

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
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 typed or printed name of registered agent and the corporation)

(Signature of Registered Agent signed separately, if necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELSOP, J. WILLIAM	1.2 NAME	
STREET ADDRESS	31650 TRILLIUM TRAIL	1.3 STREET ADDRESS	
CITY-ST-ZIP	PEPPER PIKE OH	1.4 CITY-ST-ZIP	
TITLE	VST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUETTNER, WILLIAM, P	2.2 NAME	
STREET ADDRESS	34354 BRAMBLE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	SOLON OH	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGSTROM, JAMES D.	3.2 NAME	
STREET ADDRESS	3 N 927 HAWTHORN	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST. CHARLES IL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MULCAHY, RICHARD, T	4.2 NAME	
STREET ADDRESS	517 SHADY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PITTSBURGH PA	4.4 CITY-ST-ZIP	
TITLE	ST	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'NEIL, MICHAEL T	5.2 NAME	
STREET ADDRESS	13035 S 70 COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALOS HEIGHTS IL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEIDEMANN, STANLEY F.	6.2 NAME	
STREET ADDRESS	540 S. MADISON	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAGRANGE IL	6.4 CITY-ST-ZIP	

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael J. O'Neil*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SECRETARY TREAS. 4/19/96
DATE
641-698-4900
DATE OF PHONE #

CR2E034 (12/95)