

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **857359** (4)
1. Corporation Name
GELDERMANN, INC.

Principal Place of Business
**MR. JOHN J. DILL
ONE CONAGRA DR C-360
OMAHA NE 68102-2001**

Mailing Address
**MR. JOHN J. DILL
ONE CONAGRA DR C-360
OMAHA NE 68102-2001**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **08/09/1983** 3a. Date of Last Report **04/14/1994**

4. FEI Number **47-0656837** Applied For ☐ Not Applicable ☐

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 **440 LASALLE ST., 20TH FL.**
Suite, Apt. #, etc.
22
City & State
23 **CHICAGO, IL**
Zip Country
24 **60605** 25
2a. Mailing Address
26 **440 LASALLE ST., 20TH FL.**
Suite, Apt. #, etc.
27
City & State
28 **CHICAGO, IL**
Zip Country
29 **60605** 30

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 _____ (NOTE: Registered Agent signature required when instituting change.)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
1 PD **CURLEY, JAMES R.**
62 EQUAL RD.
LAKE FOREST IL
2 VD **GELDERMANN, THOMAS A.**
39608 TOM MORRIS ROAD
SCOTTSDALE AZ
3 PRITCHER, CONRAD
1111 LOVELL COURT
ELK GR
4 VS **MATTHEWS, GLORIA J.**
6720 SO EUCLID
CHICAGO IL
5
6
7
8
9
10
11
12

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1 1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP
2 2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **ROBERT LEDVORA**
2.3 STREET ADDRESS **440 LASALLE ST., 20TH FL.**
2.4 CITY ST ZIP **CHICAGO, IL 60605**
3 3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **WILLIAM R. BRENNAN**
3.3 STREET ADDRESS **440 S. LASALLE ST., 20TH FL.**
3.4 CITY ST ZIP **CHICAGO, IL 60605**
4 4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **GARY M. RINDNER**
4.3 STREET ADDRESS **225 LIBERTY ST., 27TH FL.**
4.4 CITY ST ZIP **NEW YORK, NY 10080-6127**
5 5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **CONRAD PRITCHER**
5.3 STREET ADDRESS **1111 LOVELL COURT**
5.4 CITY ST ZIP **ELK GROVE, IL 60007**
6 6.1 TITLE ☐ Change ☒ Addition
6.2 NAME **THOMAS M. HART**
6.3 STREET ADDRESS **225 LIBERTY ST., 27TH FL.**
6.4 CITY ST ZIP **NEW YORK, NY 10080-6127**

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 110.07(5)(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: *Sam M. Rindner* April 17, 1995 566-9102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR