

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

**FILED**  
**May 05 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P05062 (5)**  
 1. Corporation Name  
**CIMLINC INCORPORATED**



Principal Place of Business  
**1222 HAMILTON PARKWAY ITASCA IL 60143**

Mailing Address  
**1222 HAMILTON PARKWAY ITASCA IL 60143-1180**

**2.** Principal Place of Business  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country

**2a.** Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country

**3.** Date Incorporated or Qualified  
**02/19/1985**

**3a.** Date of Last Report  
**03/28/1996**

**4.** FEI Number  
**36-3148881**

**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

**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**  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**12. OFFICERS AND DIRECTORS**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WEST, JOHN H.	
STREET ADDRESS	1222 HAMILTON PARKWAY	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	AUER, DAVID	
STREET ADDRESS	1222 HAMILTON PARKWAY	
CITY-ST-ZIP	ITASCA IL 60143	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	HAHN, RICHARD	
STREET ADDRESS	1222 HAMILTON PARKWAY	
CITY-ST-ZIP	ITASCA IL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	STERLING, MICHAEL W	
STREET ADDRESS	1099 STUTZ DR.	
CITY-ST-ZIP	TROY MI	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	EMERSON, CARTER	
STREET ADDRESS	200 E. RANDOLPH DR.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	PARSONS, JOHN L.	
STREET ADDRESS	1222 HAMILTON PKWY	
CITY-ST-ZIP	ITASCA IL	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14.** I do 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 on an attachment with an address.

**SIGNATURE:** *Thomas W. Bove* *Thomas W. Bove* *Asst. Sec. State* *11-11-97* *(602) 350-2200*

CR2E034 (9/96)

## **CIMLINC Incorporated**

**Federal ID #36-3148881**

### **OFFICERS**

**\*John H. West**  
Chairman and CEO  
CIMLINC Incorporated  
1222 Hamilton Parkway  
Itasca, IL 60143

**\*Michael W. Sterling**  
Senior Vice President, Chief Technology Officer  
CIMLINC Incorporated  
1699 Stutz Drive  
Troy, MI 48084

**David Auer**  
Vice President, Sales, MSG  
CIMLINC Incorporated  
1222 Hamilton Parkway  
Itasca, IL 60143

**\*John L. Parsons**  
Vice President, CFO and Secretary  
CIMLINC Incorporated  
1222 Hamilton Parkway  
Itasca, IL 60143

**\*Terence W. Raser**  
Assistant Treasurer  
CIMLINC Incorporated  
1222 Hamilton Parkway  
Itasca, IL 60143

**Jeanne' H. Naysmith**  
Vice President , AMT and CAD CAM  
CIMLINC Incorporated  
1699 Stutz Drive  
Troy, MI 48084

**\*Primary Officers**

**CIMLINC Incorporated**

**Federal ID #36-3148881**

**DIRECTORS**

Robert B. Costello  
77 Tidy Island  
Bradenton, FL 34210

Arthur L. Kelly  
KEL Enterprises L.P.  
135 South LaSalle Street, Suite 1117  
Chicago, IL 60603

Thomas E. Pallante  
Berkeley International Capital Corporation  
650 California Street, Suite 2800  
San Francisco, CA 94108

Michael W. Sterling  
CIMLINC Incorporated  
1699 Stutz Drive  
Troy, MI 48084

John H. West  
CIMLINC Incorporated  
1222 Hamilton Parkway  
Itasca, IL 60143