

ANNUAL REPORT
1996



Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P27937** (2)

1. Corporation Name
EJECTOR SYSTEMS INC.



Principal Place of Business: **910 NATIONAL AVENUE ADDISON IL 60101**
Mailing Address: **910 NATIONAL AVENUE ADDISON IL 60101**

3. Date Incorporated or Qualified: **01/30/1990**
3a. Date of Last Report: **03/24/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FET Number 36-3472567	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	29	Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 607.0902 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1	TITLE
NAME	MCLAUGHLIN, WAYNE C.	1.2	NAME
STREET ADDRESS	530 AVONDALE	1.3	STREET ADDRESS
CITY- ST- ZIP	HOFFMAN ESTATES IL	1.4	CITY- ST- ZIP
TITLE	VD	2.1	TITLE
NAME	MODESITT, P. CRAIG	2.2	NAME
STREET ADDRESS	627 N. JACKSON	2.3	STREET ADDRESS
CITY- ST- ZIP	RIVER FOREST IL	2.4	CITY- ST- ZIP
TITLE	STD	3.1	TITLE
NAME	RECKER, WILLIAM J.	3.2	NAME
STREET ADDRESS	5N577 PADDOCK LANE	3.3	STREET ADDRESS
CITY- ST- ZIP	ST. CHARLES IL	3.4	CITY- ST- ZIP
TITLE		4.1	TITLE
NAME		4.2	NAME
STREET ADDRESS		4.3	STREET ADDRESS
CITY- ST- ZIP		4.4	CITY- ST- ZIP
TITLE		5.1	TITLE
NAME		5.2	NAME
STREET ADDRESS		5.3	STREET ADDRESS
CITY- ST- ZIP		5.4	CITY- ST- ZIP
TITLE		6.1	TITLE
NAME		6.2	NAME
STREET ADDRESS		6.3	STREET ADDRESS
CITY- ST- ZIP		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: *Wayne McLaughlin* 3-20-96 708 543 2214
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Wayne McLaughlin President**
 Date: _____ District Office: _____

CR2E034 (12/95)