

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

**APPROVED
AND
FILED**

95 APR 27 PM 2:10

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P33363 (3)

**1. Corporation Name
RANSBURG CORPORATION**

**Principal Place of Business Mailing Address
3600 WEST LAKE AVENUE 3600 WEST LAKE AVENUE
GLENVIEW IL 60025 GLENVIEW IL 60025**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 03/29/1991 3a. Date of Last Report 05/01/1994

4. FEI Number 35-0834367 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 2a. Mailing Address

21 Suits, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE P
NAME FARRELL, W. J
STREET ADDRESS 3600 WEST LAKE AVE
CITY - ST - ZIP GLENVIEW IL**

**TITLE V
NAME DUNCAN, CHARLES
STREET ADDRESS 3939 W. 56TH STREET
CITY - ST - ZIP INDIANAPOLIS IN**

**TITLE V
NAME MCGRATH, ROBERT V
STREET ADDRESS 3600 WEST LAKE AVENUE
CITY - ST - ZIP GLENVIEW IL**

**TITLE VDT
NAME ROBINSON, MICHAEL J
STREET ADDRESS 3600 W LAKE AVENUE
CITY - ST - ZIP GLENVIEW IL**

**TITLE VSD
NAME STEWART S. HUDNUT
STREET ADDRESS 3600 W. LAKE AVE.
CITY - ST - ZIP GLENVIEW IL**

**TITLE D
NAME FARRELL, W JAMES
STREET ADDRESS 3600 W. LAKE AVE.
CITY - ST - ZIP GLENVIEW IL**

**1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**6.1 TITLE [] Change [] 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: Robert V. McGrath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert V. McGrath
Vice President, Tax 4/19/95 708-724-7500**

Date District Representative