SHC CORP Form 3 February 09, 2001

FORM 3		UNITED STATES SECURITIES AND EXCHANGE COMMISSION WASHINGTON, D.C. 20549							
		INITIAL STATEMENT OF BENEFICIAL OWNERSHIP OF SECURITIES							
(Print or Type Resp		Filed pursuant to Section 16(a) of the Securities Exchange Act of Section 17(a) of the Public Utility Holding Company Act of 1935 Section 30(f) of the Investment Company Act of 1940							
1. Name and Addres	s of Reporting	Person*	2. Date of Event Re-	- 4. Issuer Name AND Ticke					
4	Michael		<pre>quiring Statement (Month/Day/Year)</pre>	SHC Corp. (f/k/a Vict					
		(Middle)	1/27/01 						
c/o SHC Corp.	150		3. IRS or Social Se- curity Number of	- X Director 1					
40 Skokie Blvd			Reporting Person (Voluntary)						
	(Street)								
				<del></del> -					
	IL								
	(State)			TABLE I NON-DERI					
1. Title of Security (Instr. 4)			Beneficially Own (Instr. 4)	(I) (Instr.					
Common Stock			80,000	D					
Common Stock			400,000	D					
Common Stock			500,000	I					
Common Stock			300,000						
			200,000						
Common Stock  Common Stock				I					
				I					
				I					

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Reminder: Report on a separate li * If the form is filed by more th		class c	f securities benefic	ially owned d	
POTENTIAL PERSONS	WHO ARE TO	RESPOND	TO THE COLLECTION OF CURRENTLY VALID OMB	INFORMATION	
FORM 3 (CONTINUED) TABLE II - D S	ERIVATIVE S ECURITIES)	SECURITIE	S BENEFICIALLY OWNED		CALLS, WARF
1. Title of Derivative Security (Instr. 4)	cisable and Expiration Date (Month/Day/ Year)		Underlying Derivative Security		sion or Exercise Price of Deri- vative
	Date Exer- cisable	Expir- ation Date	Title	Amount or Number of Shares	Security

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Explanation of Responses:

/s/ Michael J. Pyle \_\_\_\_\_\_

\*\*Intentional misstatements or omissions of facts constitute Federal \*\*Signature of Reporting Criminal Violations. SEE 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insuffici SEE Instruction 6 for procedure.

Potential persons who are to respond to the collection of information contained in this form are required to respond unless the form displays a currently valid OMB Number.