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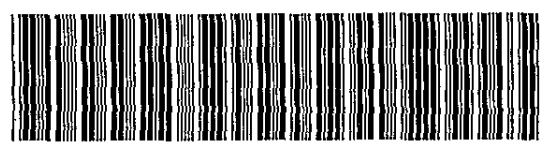
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1994		FLORIDA DEPARTMENT OF STATE Secretary of State DIVISION OF CORPORATIONS	
1. Corporation Name THE CORPORATION COMPANY		DOCUMENT # 017109 (0)	
Mailing Address: % C.T. CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		Principal Place of Business: 1200 S. PINE ISLAND RD. PLANTATION FL 33324 US	

DO NOT WRITE IN THIS SPACE

2. Mailing Address	2a. Principal Place of Business	4. FEI Number 51-0093484	Applied Fee and Appraisals
21. State, Apt. #, etc.	26. State, Apt. #, etc.	5. Certificate of Status (checked) \$8.75 Additional Fee Required	6. Foreign Company Filing Fee \$5.00 May Be Added to Fees
22. City & State	27. City & State	7. Nonprofit Filing Fee: \$138.75 Supplemental Fee <input type="checkbox"/>	8. This corporation has liability for intangible taxes under 1993 Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No
23. Zip	28. Zip	29. Country	30. Country

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, if applicable) 83. City & State 84. Zip	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 607.0502 and 607.1508, Florida Statutes, the state of Florida Corporation Commission hereby certifies that the purpose of changing the registered office of the corporation is to change the principal place of business of the corporation to the State of Florida. Such change was a change of the corporation's principal place of business and does not constitute a change of the corporation's principal place of business for the purposes of Section 607.0505, Florida Statutes.

12. OFFICERS AND DIRECTORS 11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY, STATE, ZIP		13. CHANGE OF OFFICERS AND DIRECTORS 15. TITLE 16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP	
1. TITLE: P/D 2. NAME: THORNE, OAKLEIGH B. 3. STREET ADDRESS: 1209 ORANGE STREET 4. CITY, STATE, ZIP: WILMINGTON DE			
1. TITLE: T 2. NAME: FINORA, JOSEPH J. 3. STREET ADDRESS: 1209 ORANGE STREET 4. CITY, STATE, ZIP: WILMINGTON DE			
1. TITLE: V/D 2. NAME: STAATERMAN ROBYN 3. STREET ADDRESS: 1209 ORANGE STREET 4. CITY, STATE, ZIP: WILMINGTON DE			
1. TITLE: S 2. NAME: MILONE, THERESA 3. STREET ADDRESS: 2700 LAKE COOK ROAD 4. CITY, STATE, ZIP: RIVERWOODS IL			
1. TITLE: A/S 2. NAME: BOUTILIER ANN 3. STREET ADDRESS: 1200 S. PINE ISLAND ROAD 4. CITY, STATE, ZIP: PLANTATION FL			
1. TITLE: V/D 2. NAME: LYNCH JOHN J 3. STREET ADDRESS: 1209 ORANGE STREET 4. CITY, STATE, ZIP: WILMINGTON DE			

14. I, the undersigned, certify that the information supplied with this filing is a true and correct copy of the information stated in Sections 607.0502 and 607.1508, Florida Statutes. I declare that the information indicated on this annual report of supplemental information is true and accurate and that my signature on this filing is a true and correct copy of the information indicated on this filing. I am an officer or director of the corporation and I am authorized to execute this report and to sign this filing on behalf of the corporation as required by Sections 607.0502 and 607.1508, Florida Statutes, and that my name appears on the back of the back of the report as an officer or director of the corporation.

SIGNATURE: *Joseph J. Finora* Joseph J. Finora 4/25/04 212 246 5070
 SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR