FILE NOW! CORPORATE STATUS WILL BE DELINQUENT AFTER JULY 1ST.

CORPORATION
ANNUAL REPORT
1991

FLORIDA DEPARTMENT OF STATE
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILING FEE OF $61.25 REQUIRED

DOCUMENT # 804598
ZIP + 4 PRESORT

C T CORPORATION SYSTEM
1209 ORANGE STREET
WILMINGTON, DELAWARE 19801-1134

21 Street Address
22 P.O. Box No
23 City and State
24 Zip Code

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.

3. Date Incorporated or Qualified To Do Business in Florida
   09/09/1993
4. FEI Number
   51-00006522

5. SB 75
   Certificate of Status Desired

6. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or ink to cover over incorrect information)

   Name | Officers and Directors | Address | City and State
   ---- | ----------------------- | ------- | -----------------
   D. THORNE, OAKLEIGH | 1209 ORANGE ST. | WILMINGTON, DE
   P. KELLY, JOHN D. | 1209 ORANGE ST. | WILMINGTON, DE
   V. FARRELLY, CRITTON, HERBERT R. | 1209 ORANGE ST. | WILMINGTON, DE
   B. ELAFROS, BERNARD | 2700 LAKE COOK RD. | RIVERWOODS, IL
   S. RANDOLPH, JOHN L | 2700 LAKE COOK RD. | RIVERWOODS, IL
   J. FINORA, JOSEPH J. | 1209 ORANGE ST. | WILMINGTON, DE

7. Registered Agent Information

   Name | Address
   ---- | -------
   THE CORPORATION COMPANY | 8751 WEST BROWARD BLVD.
   PLANTATION, FL 33324

8. Name and Address of New Registered Agent

   Name | Address
   ---- | -------
   "THE CORPORATION COMPANY" | 8751 WEST BROWARD BLVD.
   PLANTATION, FL 33324

9. Pursuant to the provisions of Sections 607.502 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.
   Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.502, Florida Statutes.

   SIGNATURE
   (Registered Agent Accepting Appointment) DATE:

10. I 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. I further certify that I am an officer or director of the corporation or the recipient of trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and registered name above in Block 6 or on an attachment with an address.

   SIGNATURE
   (Typed Name of Registered Officer or Director) Date: 6-24-91
   TITLE: ASSISTANT VICE PRESIDENT
   TELEPHONE NUMBER: ( )

FILING FEE OF $61.25 REQUIRED Make Checks Payable To: Secretary of State 8175 Additional Fee required
for a Certificate of Status