

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 856900 (6)**

1. Corporation Name  
**INTER-INDUSTRY CONFERENCE ON AUTO COLLISION REPAIR INCORPORATED**



Principal Place of Business <b>8701 ALGONQUIN ROAD STE 400 ROLLING MEADOWS IL 60008</b>	Mailing Address <b>3701 ALGONQUIN ROAD STE 400 ROLLING MEADOWS IL 60008-3150</b>
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3. Date Incorporated or Qualified <b>06/23/1983</b>	3a. Date of Last Report <b>04/06/1996</b>
4. FEI Number <b>36-3117579</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent

**SUPPE, JAMES  
825 N.W. 61ST STREET  
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MINOTAS, JAX</b>	
STREET ADDRESS	<b>25330 TELEGRAPH RD.</b>	
CITY-ST-ZIP	<b>SOUTHFIELD MI 48034</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LANDOLFI, JOE</b>	
STREET ADDRESS	<b>ONE KEMPER DRIVE K-8</b>	
CITY-ST-ZIP	<b>LONG GROVE IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MAYER, BILL</b>	
STREET ADDRESS	<b>GEICO PLZ</b>	
CITY-ST-ZIP	<b>WASHINGTON DC</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WICKLUND, BILL</b>	
STREET ADDRESS	<b>121 S. GALLATIN</b>	
CITY-ST-ZIP	<b>LIBERTY MO</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SILVER, JEFFREY</b>	
STREET ADDRESS	<b>3701 ALGONQUIN RD #400</b>	
CITY-ST-ZIP	<b>ROLLING MEADOWS IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LAUMANN, LARRY</b>	
STREET ADDRESS	<b>9889 WILLOW CREEK RD.</b>	
CITY-ST-ZIP	<b>SAN DIEGO CA 92131</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>Sandra</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PLUCINSKI, CLARK</b>	
1.3 STREET ADDRESS	<b>7408 OSKALOUSA DR.</b>	
1.4 CITY-ST-ZIP	<b>ROCKVILLE, MD 20855</b>	
2.1 TITLE	<b>Tandra</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LANDOLFI, JOE</b>	
2.3 STREET ADDRESS	<b>1000 TOWER LAKE SUITE 320</b>	
2.4 CITY-ST-ZIP	<b>BENSENVILLE, IL</b>	
3.1 TITLE	<b>B</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>MAYER, BILL</b>	
3.3 STREET ADDRESS	<b>GEICO PLAZA</b>	
3.4 CITY-ST-ZIP	<b>WASHINGTON, DC</b>	
4.1 TITLE	<b>C</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>WICKLUND, BILL</b>	
4.3 STREET ADDRESS	<b>94 SUTTON PLACE</b>	
4.4 CITY-ST-ZIP	<b>LIBERTY, MO</b>	
5.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>HACK, TOM</b>	
5.3 STREET ADDRESS	<b>3701 ALGONQUIN RD #400</b>	
5.4 CITY-ST-ZIP	<b>ROLLING MEADOWS, IL</b>	
6.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>LAUMANN, LARRY</b>	
6.3 STREET ADDRESS	<b>9889 WILLOW CREEK RD.</b>	
6.4 CITY-ST-ZIP	<b>SAN DIEGO, CA 92131</b>	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)

*David A. ...* *11/16/96 2:16 PM FAX-1101*