

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR 15 AM 10:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F92000000881 (4)**

1. Corporation Name  
**MIPOD, INC.**

Principal Place of Business Mailing Address  
**ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER IL 60154**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **12/15/1992** 3a. Date of Last Report **04/05/1994**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **36-3043154** 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

9. Name and Address of Current Registered Agent  
**BLODIG, GREGORY J ESQ  
1630 N FEDERAL HIGHWAY  
FORT LAUDERDALE FL 33305**

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

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>
NAME	<b>PODOLSKY, MILTON</b>
STREET ADDRESS	<b>ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER IL</b>
CITY-ST-ZIP	
TITLE	<b>PDS</b>
NAME	<b>PODOLSKY, RANDY D</b>
STREET ADDRESS	<b>ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER IL</b>
CITY-ST-ZIP	
TITLE	<b>CD</b>
NAME	<b>PODOLSKY, STEVEN</b>
STREET ADDRESS	<b>ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER IL</b>
CITY-ST-ZIP	
TITLE	<b>T</b>
NAME	<b>YAPPELLI, DEBRA JO</b>
STREET ADDRESS	<b>ONE WESTBROOK CORPORATE CENTER STE 400 WESTCHESTER IL</b>
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>PODOLSKY, MILTON</b>
1.3 STREET ADDRESS	<b>ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER, IL 60154</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PODOLSKY, RANDY D.</b>
2.3 STREET ADDRESS	<b>ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER, IL 60154</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<b>V/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>PODOLSKY, STEVEN H.</b>
3.3 STREET ADDRESS	<b>ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER, IL 60154</b>
3.4 CITY-ST-ZIP	
4.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>PODOLSKY, BONNIE L.</b>
4.3 STREET ADDRESS	<b>ONE WESTBROOK CORPORATE CENTER, SUITE 400 WESTCHESTER, IL 60154</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, or on an attachment with an address.

SIGNATURE: *Steven H. Podolsky* V.P. & Sec'y. 3/2/95 (708) 531-3200  
SIGNATURE AND TYPE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Steven H. Podolsky, Vice President and Secretary**