FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F9400000861 (4)

NASRA TPA, INC.

Principal Place of Business

3400 DUNDEE ROAD, STE. 300 NORTHBROOK IL 60062-2350

Mailing Address

3400 DUNDEE ROAD, STE. 300 NORTHBROOK IL 60062-2350

FILED Jan 27 1998 8:00am Secretary of State



			DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualified			
2. Principal Place of Business 2a. Mailing Address				02/21/1994		
2. Principal Place of Business 2a. Mailing Address 2215 Sanders Rd 2215 Sanders Rd				4. FEI Number Applied F 36-3481109 Not Appli		
21 26				\$9.75 Addition		
Suite, Ant. # etc. Ste 500	Suite, Apt. #. etc. Ste 500			5. Certificate of Status Desired Fee Required		
City & State City & State City & State 28 Northbrook, IL 28 Northbrook,		rr.		6. Election Campaign Financing \$5.00 May B		
Zip Country Zip Zip			Made Faile Contribution			
24 60065-3009 25 USA 29 60065-3009 30			У	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes 🛣 No		
9, Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM		8	Name			
1200 S. PINE ISLAND ROAD			82 Street Address (P.O. Box Number is Not Acceptable)			
PLANTATION FL 33324			82 Street Address (P.O. Box Number is Not Acceptable)			
		8:	3			
		84	City	■■ 85 Zip Code		
44 0	1007 1500 51 11 01 11		'	┡┖┤╎		
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						
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature require				e required when reinstating) DATE	*	
12. OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE CPST	☐ DELETE	1,1 TITLE			ddition	
NAME MELLON, GEORGE ALBERT STREET ADDRESS 3400 DUNDEE ROAD		1.2 NAME		MELLON, GEORGE ALBERT 2215 Sanders Rd, Ste 500		
MODTLIDDOOK IL COCCO DOFO			T ADDRESS	Northbrook IL 60065-3009	[:	
TITLE D	☐ DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		ddition	
NAME TEGENKAMP, JOHN NICHOLA		2.2 NAME		TEGENKAMP, JOHN NICHOLAS	uusion	
STREET ADDRESS 3400 DUNDEE ROAD			T ADDRESS	2215 Sanders Rd, Ste 500	ļ	
OITY-ST-ZIP NORTHBROOK IL 60062-2350		2. 4 CITY		Northbrook, IL 60065-3009	.	
	☐ DELETE	3.1 TITLE	J) - Z(I		dition	
NAME		3.2 NAME		GRAHF, RON CHRISTOPHER		
STREET ADDRESS		3.3 STREE	T ADDRESS	2215 Sanders Rd, Ste 500		
CITY-ST-ZIP		3.4. CMY-	ST-ZIP	Northbrook, IL 60065-3009		
TITLE	☐ DELETE	4.1 TITLE			ddition	
NAME		4. 2 NAME				
STREET ADDRESS		4.3 STREE	T ADDRESS		ļ	
CITY-SI-ZIP		4.4 CITY-	ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change Ac	dition	
NAME		5.2 NAME				
STREET AODRESS		i	r address			
CITY-ST-ZIP	77 A. W. Lang.	5.4 CITY-	ST-ZIP			
TITLE	☐ DELETE	6.1 TITLE		Change Ad	dition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREE	T ADDRESS			
CITY-ST-ZIP		6.4 CITY -	ST-ZIP		[

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: