

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000000934 (8)**

1. Corporation Name

**RATIONAL-HONORABLE SYSTEMS, INC. =
ADDUS HEALTHCARE, INC.**



Principal Place of Business

10 WEST KINZIE ST.
CHICAGO IL 60610

Mailing Address

10 WEST KINZIE ST.
CHICAGO IL 60610

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

02/24/1995

3a. Date of Last Report

4. FEI Number

421014070

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST., STE. #105
TALLAHASSEE FL 32301

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

I, the undersigned, being duly sworn, certify that 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 must be typed)

Signature typed or printed (Agent Signature required if name is not typed)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CP	<input type="checkbox"/> DELETE
NAME	WRIGHT, W. ANDREW	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	CV	<input type="checkbox"/> DELETE
NAME	HEANEY, MARK S	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WRIGHT, ELAINE M	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	T	<input type="checkbox"/> DELETE
NAME	RANCINE, KEITH	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DIOGUARDI, MICHAEL J	
STREET ADDRESS	10 W KINZIE ST	
CITY-ST-ZIP	CHICAGO IL 60610	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	

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JR

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 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:

Michael J. Dioguardi

MICHAEL J. DIOGUARDI, ASST. SEC.

4/10/96 (312) 321-6240

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)