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Mar 27 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # F95000004239 (8)

1. Corporation Name
IEI ASSOCIATES, INC.



Principal Place of Business
**610 N. SCOTTSVALE LN
 ARLINGTON HEIGHTS IL 60004
 US**

Mailing Address
**610 N. SCOTTSVALE LN
 ARLINGTON HEIGHTS IL 60004-5849
 US**

3. Date Incorporated or Qualified **08/31/1995** 3a. Date of Last Report **05/24/1996**
 4. FEI Number **36-3131531** 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

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip Country

24. 25. 26. 27. 28. 29. 30.

2a. Mailing Address

26. Suite, Apt. #, etc.

27. City & State

28. Zip Country

29. 30.

9. Name and Address of Current Registered Agent

**CLEMENTS, MICHAEL L
 508 SADDLEWOOD LANE
 WINTER SPRINGS FL 32708**

10. Name and Address of New Registered Agent

B1. Name
 B2. Street Address (P.O. Box Number is Not Acceptable)
 B3.
 B4. City FL B5. 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 (If Registered Agent signature is required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PCD NAME: CLEMENTS, S T STREET ADDRESS: 610 N. SCOTTSVALE LN CITY, ST, ZIP: ARLINGTON HEIGHTS IL TITLE: VD NAME: CLEMENTS, MICHAEL L STREET ADDRESS: 508 SADDLEWOOD LANE CITY, ST, ZIP: WINTER SPRINGS FL TITLE: DVP NAME: CLEMENTS, DANIEL T STREET ADDRESS: 1910 SOUTH 23RD STREET CITY, ST, ZIP: LINCOLN NE TITLE: S NAME: JENKINS, TERESA M STREET ADDRESS: 610 N. SCOTTSVALE LN CITY, ST, ZIP: ARLINGTON HEIGHTS IL TITLE: D NAME: CLEMENTS, TIMOTHY L STREET ADDRESS: 643 SOUTH 13TH STREET CITY, ST, ZIP: LINCOLN NE TITLE: TD NAME: KRUEGER, DONALD A STREET ADDRESS: 1708 BERKSHIRE CITY, ST, ZIP: GLENDALE HEIGHTS IL	<input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition <input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I certify and hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Thomas Clements* S. THOMAS CLEMENTS 3/19/97 (847) 342-8528
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

CR2E034 (9/96)