

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

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**Apr 10 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06917 (9)

1. Corporation Name
ASSOCIATION CONSULTANTS, INC.



Principal Place of Business 600 WEST FULTON STREET CHICAGO IL 60661-1110	Mailing Address 20 MOORES RD. FRAZER PA 18355-1114 US
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3. Date Incorporated or Qualified 07/30/1985	3a. Date of Last Report 07/17/1996
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country
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4. FEI Number 36-3340427	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**DIBARTOLOMEO, JOSEPH
 8400 BIRD ROAD
 MIAMI FL 33155**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____ DATE _____
Signature: Type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, JAY J	1.2 NAME	
STREET ADDRESS	20 MOORES RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRAZER PA	1.4 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLINGTON, DAVID R	2.2 NAME	
STREET ADDRESS	20 MOORES RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRAZER PA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	v/d/s <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNIGER, MARTIN	3.2 NAME	
STREET ADDRESS	20 MOORES RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRAZER PA	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, DENNIS E	4.2 NAME	
STREET ADDRESS	20 MOORES RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRAZER PA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Douglas E. Hostvedt
STREET ADDRESS		5.3 STREET ADDRESS	20 Moores Road, Frazer, PA 19355
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Assist. Sec.
STREET ADDRESS		6.3 STREET ADDRESS	Colleen S. Lyons
CITY-ST-ZIP		6.4 CITY-ST-ZIP	400 W. Market St., Louisville, KY 40202

14. I do 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: Jay H. Berman **Jay H. Berman** 4/1/97 610-648-5724
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)