


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

FILED
May 08 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06923 (7)
 1. Corporation Name
CBI SERVICES, INC.



Principal Place of Business 1501 NORTH DIVISION PLAINFIELD IL 60544 US	Mailing Address 1501 NORTH DIVISION PLAINFIELD IL 60544 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1985	
21		26		4. FEI Number 36-3369071	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	26	29	30		
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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, typed 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	BREWER, J.N.	1.2 NAME	
STREET ADDRESS	165 CHESTNUT DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRANKFORT IL	1.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, R.S.	2.2 NAME	
STREET ADDRESS	211 RYAN CT	2.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HGTS IL	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PLANC, DENNIS	3.2 NAME	
STREET ADDRESS	ST GEORGE RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	BURR RIDGE IL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLENN, GERALD M	4.2 NAME	
STREET ADDRESS	413 WEST WALNUT	4.3 STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET 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)(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: *R.S. Russell* **R.S. RUSSELL** 4/30/98

CR2E034 (10/97)

CBI SERVICES, INC.

OFFICERS AND DIRECTORS

<u>OFFICERS</u>	<u>TITLE</u>	<u>ADDRESS</u>	<u>BUSINESS ADDRESS</u>
JAMES N. BREWER SSN # 464-46-6453	2/1/86 PRESIDENT / DIRECTOR	165 CHESTNUT DRIVE FRANKFORT, IL 60423	1501 NORTH DIVISION STREET PLAINFIELD, IL 60544
DENNIS PLANIC SSN # 346-40-3710	1/1/87 TREASURER/ DIRECTOR	ST. GEORGE ROAD BOURBONNAIS, IL 60914	1501 NORTH DIVISION STREET PLAINFIELD, IL 60544
R. SCOTT RUSSELL SSN # 340-48-6839	2/1/86 SECRETARY	211 RYAN COURT ARLINGTON HEIGHTS, IL 60005	1501 NORTH DIVISION STREET PLAINFIELD, IL 60544
STEVE MARIL SSN# 347-52-1521	5/1/87 ASST. SECRETARY	1315 CHESWICK COURT WHEELING, IL 60090	1501 NORTH DIVISION STREET PLAINFIELD, IL 60544
GERALD M. GLENN SSN# 251-68-7281	11/1/86 DIRECTOR	413 WEST WALNUT HINSDALE, IL 60521	1501 NORTH DIVISION STREET PLAINFIELD, IL 60544

EFFECTIVE 5/1/87
W. GALATY