


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 22, 1999 8:00 am
Secretary of State

09-22-1999 90011 028 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P27937

1. Corporation Name
EJECTOR SYSTEMS INC.

Principal Place of Business
**910 NATIONAL AVENUE
 ADDISON IL 60101**

Mailing Address
**910 NATIONAL AVENUE
 ADDISON IL 60101**

010/07 - 00011 - 20



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/30/1990	4. FEI Number 36-3472567	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 owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business 21 232 S WESTGATE DR.	2a. Mailing Address 26 232 S. WESTGATE DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 CAROL STREAM, IL.	City & State 28 CAROL STREAM, IL.
Zip 24 60188	Country 25 DUPAGE
Zip 29 60188	Country 30 DUPAGE

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MCLAUGHLIN, WAYNE C.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	530 AVONDALE	1.2 NAME	
STREET ADDRESS	HOFFMAN ESTATES IL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD MODESITT, P. CRAIG	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	627 N. JACKSON	2.2 NAME	
STREET ADDRESS	RIVER FOREST IL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	STD RECKER, WILLIAM J.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5N577 PADDOCK LANE	3.2 NAME	
STREET ADDRESS	ST. CHARLES IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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)(f), 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: Wayne C. McLaughlin 9/14/99 630-668-5150

CR2E034 (5/99)