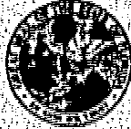


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED  
95 MAY -1 PM 2:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P28424** (0)

1. Corporation Name  
**PC IMAGES, INC.**

Principal Place of Business Mailing Address  
**201 ES. OGDEN AVE. SUITE 26 HINSDALE IL 60521-3633**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/08/1990** 3a. Date of Last Report **04/29/1994**

2. Principal Place of Business 22. Mailing Address

21 Suits, Apt. #, etc. 22 Suite, Apt. #, etc.

23 City & State 24 City & State

25 Zip Country 26 Zip Country

4. FEI Number **36-3692637** 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, MICHAEL J.  
359 CAROLINA AVENUE  
WINTER PARK FL 32789**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>MCCLAREN, H. BRUCE</b>
STREET ADDRESS	<b>201 EAST OGDEN AVE</b>
CITY - ST - ZIP	<b>HINSDALE IL</b>
TITLE	<b>VTD</b>
NAME	<b>EDISON, HOWARD W.</b>
STREET ADDRESS	<b>201 EAST OGDEN AVE</b>
CITY - ST - ZIP	<b>HINSDALE IL</b>
TITLE	<b>S</b>
NAME	<b>PENNER, GERALD M.</b>
STREET ADDRESS	<b>525 WEST MONROE ST</b>
CITY - ST - ZIP	<b>CHICAGO IL</b>
TITLE	<b>AS</b>
NAME	<b>SULLIVAN, MICHAEL J.</b>
STREET ADDRESS	<b>359 CAROLINA AVE</b>
CITY - ST - ZIP	<b>WINTER PARK FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(h), 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 liquidator empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF HIGHING OFFICER OR DIRECTOR

4/26/95 (701) 325-5800  
Date Daytime Phone #