


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

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Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90221 007 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33685

1. Corporation Name
CONAM INSPECTION, INC.



Principal Place of Business 1247 NORWOOD AVE ITASCA IL 60143 US	Mailing Address 18419 EUCLID AVE CLEVELAND OH 44112-016 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/24/1991

2. Principal Place of Business 21 192 Internationale Blvd Suite, Apt. #, etc. 22	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 23 Glendale Heights, IL Zip 24 60139-2094 25 US Country 29 US 30
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4. FEI Number 06-1226185	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 Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DC	NAME HITCHENS, ROY A	STREET ADDRESS 11 DINGWALL ROAD	CITY-ST-ZIP CROYDON, ENGLAND	<input checked="" type="checkbox"/> DELETE
TITLE PD	NAME CREECH, MICHAEL B	STREET ADDRESS 337 TERRACE	CITY-ST-ZIP BARTLETT IL	<input type="checkbox"/> DELETE
TITLE TAS	NAME AGLIARDO, ANGELO E	STREET ADDRESS 401 MAERRITT 7	CITY-ST-ZIP NORWALK CT	<input checked="" type="checkbox"/> DELETE
TITLE S	NAME HARDY, S.L.	STREET ADDRESS 43 GREEN PASTURE ROAD	CITY-ST-ZIP BETHEL CT	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DC	1.2 NAME R Laurence Todd	1.3 STREET ADDRESS 11 Dingwall Rd	1.4 CITY-ST-ZIP Croydon England	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE T	3.2 NAME Greg Fischer	3.3 STREET ADDRESS 192 Internationale Blvd	3.4 CITY-ST-ZIP Glendale Heights IL 60139	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS 7150 Longview Dr	4.4 CITY-ST-ZIP Solon OH 44139-0456	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, with all other like empowered.

SIGNATURE: Stephen L. Hardy 4/19/99 (216) 383-8200
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)