

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

FILED
Feb 25 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 # P96000096017 (4)
 1. Corporation Name
ONTARIO WAREHOUSE I, INC.



Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	Mailing Address P O BOX 13300 TALLAHASSEE FL 32317-3300 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1996	
21	Suite, Apt. #, etc.	26	1801 Hermitage Blvd.	4. FEI Number 59-3413039	Applied For Not Applicable
22	City & State	27	600	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Tallahassee, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	32308	30	US
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
TODD, DAVID E 1801 HERMITAGE BOULEVARD SUITE 100 TALLAHASSEE FL 32308				81	Name		
				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	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BENNETT, DOUGLAS W	1.2 NAME	James S. Smith
STREET ADDRESS	1801 HERMITAGE BOULEVARD, SUITE 600	1.3 STREET ADDRESS	77 W. Wacker Drive, Suite 4150
CITY-ST-ZIP	TALLAHASSEE FL 32308	1.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, TODD A	2.2 NAME	John N. DiVall
STREET ADDRESS	1801 HERMITAGE BOULEVARD, SUITE 600	2.3 STREET ADDRESS	77 W. Wacker Drive, Suite 4150
CITY-ST-ZIP	TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Kelley Johnson
STREET ADDRESS		3.3 STREET ADDRESS	77 W. Wacker Drive, Suite 4150
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	James Lee
STREET ADDRESS		4.3 STREET ADDRESS	77 W. Wacker Drive, Suite 4150
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Luanne Good
STREET ADDRESS		5.3 STREET ADDRESS	1801 Hermitage Blvd., Suite 600
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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: Douglas W. Bennett, Director *[Signature]* 2/20/98 850-488-4406

CR2E034 (10/97)