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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **837787** **(1)**

1. Corporation Name
GREAT LAKES SYNERGY CORPORATION

Principal Place of Business	Mailing Address
1750 NORTH KINGSBURY ST. CHICAGO IL 60614	1750 NORTH KINGSBURY ST. CHICAGO IL 60614

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/03/1977
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 36-1164155 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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
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 _____ 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	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	DEHMLOW, LOUIS	1.2 NAME	
STREET ADDRESS	1041 SEMINOLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE, IL 0	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	T ☒ Change ☐ Addition
NAME	DVORAK, WILLIAM F.	2.2 NAME	John R. Walles
STREET ADDRESS	551 HAMILTON AVE	2.3 STREET ADDRESS	211 Lundy Lane
CITY-ST-ZIP	WESTMONT IL	2.4 CITY-ST-ZIP	Schaumburg IL 60193
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	DEHMLOW, CARLA M	3.2 NAME	
STREET ADDRESS	1041 SEMINOLE	3.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE, IL 0	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D ☒ Change ☐ Addition
NAME	RADCLIFFE, LAURA A.	4.2 NAME	David P. Smith
STREET ADDRESS	1177 ASH STREET	4.3 STREET ADDRESS	7316 Gleneagle Circle
CITY-ST-ZIP	WINNETKA IL	4.4 CITY-ST-ZIP	Crystal Lake IL 60014
TITLE	PD	5.1 TITLE	☐ Change ☐ Addition
NAME	DEHMLOW, STEVEN L.	5.2 NAME	
STREET ADDRESS	704 W. CHICAGO AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HINSDALE IL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	☐ Change ☐ Addition
NAME	GALLET, ROBERT	6.2 NAME	
STREET ADDRESS	403 NORTH RUSSELL	6.3 STREET ADDRESS	
CITY-ST-ZIP	MT PROSPECT IL	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 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: Carla M. Dehmlow Secretary — CARLA M. DEHMLOW — Feb 20, 1995 — 312/664-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0486585 FP