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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

**1750 NORTH KINGSBURY ST.
CHICAGO IL 60614**

Mailing Address

**1750 NORTH KINGSBURY ST.
CHICAGO IL 60614**

3. Date Incorporated or Qualified
02/03/1977

3a. Date of Last Report
02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 of the person named as registered agent and, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME **DEHMLow, LOUIS**

1.2 NAME

STREET ADDRESS **1041 SEMINOLE**

1.3 STREET ADDRESS

CITY-STATE-ZIP **WILMETTE, IL 0**

1.4 CITY-STATE-ZIP

TITLE ☒ DELETE

2.1 TITLE ☒ Change ☐ Addition

NAME **DVORAK, WILLIAM F.**

2.2 NAME

STREET ADDRESS **551 HAMILTON AVE**

2.3 STREET ADDRESS

CITY-STATE-ZIP **WESTMONT IL**

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **DEHMLow, CARLA M**

3.2 NAME

STREET ADDRESS **1041 SEMINOLE**

3.3 STREET ADDRESS

CITY-STATE-ZIP **WILMETTE, IL 0**

3.4 CITY-STATE-ZIP

TITLE ☒ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **RADCLIFFE, LAURA A.**

4.2 NAME

STREET ADDRESS **4177 ASH STREET**

4.3 STREET ADDRESS

CITY-STATE-ZIP **WINNETKA IL**

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **DEHMLow, STEVEN L.**

5.2 NAME

STREET ADDRESS **704 W. CHICAGO AVE.**

5.3 STREET ADDRESS

CITY-STATE-ZIP **HINSDALE IL**

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **GALLET, ROBERT**

6.2 NAME

STREET ADDRESS **403 NORTH RUSSELL**

6.3 STREET ADDRESS

CITY-STATE-ZIP **MT PROSPECT IL**

6.4 CITY-STATE-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)(k), 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, Corporate Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/96

312 444-8500
Daytime Phone #

CR2E034 (12/95)