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May 01 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 60614-4813

As of July 1, 1997, addresses will be:

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 723 W. Algonquin Rd.		26 723 W. Algonquin Rd.		02/03/1977		02/05/1996	
22 State, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		36-1164155		Not Applicable	
23 City & State		28 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Arlington Heights, IL		28 Arlington Heights, IL		<input type="checkbox"/>		<input type="checkbox"/>	
24 Zip		29 Zip		6. Election Campaign Financing		5.00 May Be	
24 60005		29 60005		Trust Fund Contribution		Added to Fees	
25 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30					

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

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEHMLow, LOUIS			1.2 NAME	Dehmlow, Nancy		
STREET ADDRESS	1041 SEMINOLE			1.3 STREET ADDRESS	131 Chatsworth Circle		
CITY-ST-ZIP	WILMETTE, IL 0			1.4 CITY-ST-ZIP	Schaumburg, IL 60614		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	Vice President	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	WALLES, JOHN R			2.2 NAME	Ca Frederick Rake		
STREET ADDRESS	211 LUNDY LANE			2.3 STREET ADDRESS	8438 Mending Wall Dr.		
CITY-ST-ZIP	SCHAUMBURG IL			2.4 CITY-ST-ZIP	Woodridge, IL 60517		
TITLE	S	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Assistant Secretary	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEHMLow, CARLA M			3.2 NAME	Christine D. Smith		
STREET ADDRESS	1041 SEMINOLE			3.3 STREET ADDRESS	7316 Gleneagle Circle		
CITY-ST-ZIP	WILMETTE, IL 0			3.4 CITY-ST-ZIP	Crystal Lake, IL 60014	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SMITH, DAVID P JR			4.2 NAME			
STREET ADDRESS	7316 GLENEAGLE CIRCLE			4.3 STREET ADDRESS			
CITY-ST-ZIP	CRYSTAL LAKE IL			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	Dague, Daniel	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	GALLET, ROBERT			6.2 NAME	Vice President		
STREET ADDRESS	403 NORTH RUSSELL			6.3 STREET ADDRESS	360 Forest Drive		
CITY-ST-ZIP	MT PROSPECT IL			6.4 CITY-ST-ZIP	Williams Bay, WI 53191		

14. I do 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: *Nancy Dehmlow* Corporate Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

312/664-3500

Daytime Phone #

0482620

CR2E034 (9/96)