FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # 838460

1. Corporation Name

COMDISCO MEDICAL EQUIPMENT GROUP, INC.

Principal Place of Business
6133 N. RIVER ROAD
ROSEMONT, IL 60018

Mailing Address
6133 N. RIVER ROAD
ROSEMONT, IL 60018

3. Date Incorporated or Qualified: 09/01/89
3a. Date of Last Report: 04/04/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 36-2687938 — 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 _____ (Signature typed or printed name of registered agent and the date signed) (NOTE: Registered Agent signature required when filed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KENNETH HALVERSON	1.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT, IL 60018	1.4 CITY-ST-ZIP	
TITLE	VD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAM N. PONTIKES	2.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT, IL 60018	2.4 CITY-ST-ZIP	
TITLE	CFOTD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JOHN J. VOSICKY	3.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT, IL 60018	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ALAN J. ANDREINI	4.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	4.3 STREET ADDRESS	200001800502
CITY-ST-ZIP	ROSEMONT, IL 60018	4.4 CITY-ST-ZIP	-04/30/96--01009--036
TITLE	S ☐ DELETE	5.1 TITLE	***200.00 ☐ Change ☐ Addition
NAME	PHILIP A. HEWES	5.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT, IL 60018	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NICHOLAS K. PONTIKES	6.2 NAME	
STREET ADDRESS	6133 N. RIVER ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEMONT, IL 60018	6.4 CITY-ST-ZIP	

4-29-96 JR

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: Jon J. Vosicky
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JON J. VOSICKY, CFO & TREASURER

04/18/96 Date

(847)698-3000 Daytime Phone #

CR2E034 (12/95)