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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **838460** **(4)**

1. Corporate Name
COMDISCO, INC.

Principal Place of Business	Mailing Address
6133 N RIVER ROAD ROSEMONT IL 60018	6133 N RIVER ROAD ROSEMONT IL 60018-5161

3. Date Incorporated or Qualified: **05/20/1977**
3a. Date of Last Report: **04/29/1996**

2. Principal Place of Business
21 **6111 N. RIVER RD.**
Suite, Apt. #, etc.
22
City & State
23 **ROSEMONT, IL 60018**
Zip: 24 **60018** Country: 25 **USA**

2a. Mailing Address
26 **6111 N. RIVER RD.**
Suite, Apt. #, etc.
27
City & State
28 **ROSEMONT, IL 60018**
Zip: 29 **60018** Country: 30 **USA**

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(S) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE: P	☒ DELETE	1.1 TITLE: P	☒ Change	☐ Addition
NAME: HALVERSON, KENNETH		1.2 NAME: JOHN F. SLEVIN		
STREET ADDRESS: 6133 N RIVER ROAD		1.3 STREET ADDRESS: 6111 N. RIVER RD.		
CITY-ST-ZIP: ROSEMONT IL 60018		1.4 CITY-ST-ZIP: ROSEMONT, IL 60018		
TITLE: S	☐ DELETE	2.1 TITLE: SVP/S	☒ Change	☐ Addition
NAME: HEWES, PHILIP A.		2.2 NAME:		
STREET ADDRESS: 6111 N RIVER ROAD		2.3 STREET ADDRESS:		
CITY-ST-ZIP: ROSEMONT IL 60018		2.4 CITY-ST-ZIP:		
TITLE: V	☐ DELETE	3.1 TITLE: EVP	☒ Change	☐ Addition
NAME: ANDREINI, ALAN J		3.2 NAME:		
STREET ADDRESS: 6133 N RIVER ROAD		3.3 STREET ADDRESS: 6111 N. RIVER RD.		
CITY-ST-ZIP: ROSEMONT IL 60018		3.4 CITY-ST-ZIP:		
TITLE: VD	☐ DELETE	4.1 TITLE: EVP	☒ Change	☐ Addition
NAME: POINTIKES, WILLIAM N		4.2 NAME:		
STREET ADDRESS: 6111 N RIVER ROAD		4.3 STREET ADDRESS:		
CITY-ST-ZIP: ROSEMONT IL 60018		4.4 CITY-ST-ZIP:		
TITLE: D	☐ DELETE	5.1 TITLE:	☒ Change	☐ Addition
NAME: PONTIKES, NICHOLAS K		5.2 NAME: 6111 N. RIVER RD.		
STREET ADDRESS: 6133 N RIVER ROAD		5.3 STREET ADDRESS:		
CITY-ST-ZIP: ROSEMONT IL 60018		5.4 CITY-ST-ZIP:		
TITLE: EVCF	☐ DELETE	6.1 TITLE:	☐ Change	☐ Addition
NAME: VOSICKY, JOHN J		6.2 NAME:		
STREET ADDRESS: 6111 N RIVER ROAD		6.3 STREET ADDRESS:		
CITY-ST-ZIP: ROSEMONT IL		6.4 CITY-ST-ZIP:		

CR2E034 (9/96)

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 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 added to this report.

SIGNATURE: Michael D. Felish — **MICHAEL D. FELISH** — **VP - TAX** — **03/04/97** — **(847)698-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Telephone #

0481394