


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 840548 (2) 1. Corporation Name ALEXSIS INC.		



Principal Place of Business 17187 LAUREL PARK DR. SUITE 423 LIVONIA MI 48152 US	Mailing Address STATUTORY REPORTS CNA PLAZA CHICAGO IL 60685 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/27/1978	
4. FEI Number 52-1100503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		30	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	<input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME HOURIHAN, PAUL F.		1.2 NAME	
STREET ADDRESS CNA PLAZA		1.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL		1.4 CITY-ST-ZIP	
TITLE PD	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	VCD
NAME HENSLEY, CLYDE K.		2.2 NAME Hensley, Clyde	
STREET ADDRESS 2719 MILLSTONE LANE		2.3 STREET ADDRESS 2719 Millstone Lane	
CITY-ST-ZIP CHARLOTTE NC		2.4 CITY-ST-ZIP Charlotte, NC	
TITLE V	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ARNDT, J. RANDY		3.2 NAME	
STREET ADDRESS CNA PLAZA		3.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL		3.4 CITY-ST-ZIP	
TITLE CHA	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	PD
NAME CONWAY, PETER P.		4.2 NAME Peter Imbrogno	
STREET ADDRESS CNA PLAZA		4.3 STREET ADDRESS 200 South Wacker Drive, Ste 1501	
CITY-ST-ZIP CHICAGO IL 60685		4.4 CITY-ST-ZIP Chicago, IL 60606	
TITLE VP	<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME PIERCE, CATHY J		5.2 NAME	
STREET ADDRESS CNA PLAZA		5.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL		5.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME RIBIKAWSKIS, MARY A.		6.2 NAME	
STREET ADDRESS CNA INSURANCE COS., CNA PLAZA		6.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60685		6.4 CITY-ST-ZIP	

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 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.

CR2E034 (10/97)