US		ROFIT ORATION L REPORT 099		MAY 1ST IS FLORIDA DEPART Kathering Secretary DIVISION OF CC	MENT OF STATE Harris of State	<b>FILE</b> <b>Mar 01, 199</b> <b>Secretary</b> 03-01-1999 90226 0	9 8:00 am of State
Maining Address Non HLIS & GOR NON	<ul> <li>Corporation N</li> </ul>	ame					
Principal Place of Business       Za. Mating Address       4. EE Number       Image: Place of Business	N FAIRWAY DRI	IVE	75 N I C/O J VERNO	Fairway Drive Ohn W Lauber		DO NOT WRITE IN TH 3. Date Incorporated or Qualifed	
Suite, Apt. #, etc.         Suite, Apt. #, etc.         \$. Certification of Status Desired         \$\$6,75 Additional           City & State         City & State         City & State         \$\$5,00 May Be           Zip         Country         B. Their Constraints         \$\$5,00 May Be           7         Country         20         Country         B. This Corporation owes the current year Intergiolity           9         Name and Address of Current Registered Agont         10         Name and Address of New Registered Agent         Internet To Control Property Tax.         Internet To Control Processions of New Registered Agent           12005         Spite ISLAND ROAD         Bit Internet Registered Agent         10         Name           12005         Spite ISLAND ROAD         Bit Internet Registered Agent         10         Name           12005         Spite ISLAND ROAD         Bit Internet Registered Agent         10         Name         10         Name           12005         Spite ISLAND ROAD         Bit Internet Registered Agent         10         Name         10         Name           12005         Spite Internet Registered Agent         10         Name         10         Name         10         10         10         10         10         10         10         10         10         10<	2. Principal Place	e of Business	2a. M	lailing Address		4. FEI Number	
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Image: state         Image: state<			28			Trust Fund Contribution	Added to Fees
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C 1 C CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 3324	<u>.</u>			red Agent		10. Name and Address of New Registere	d Agent
2       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         TILE       VP       □ DELETE       1.1 TITLE       □ Change       □ Addition         MAE       LAUBER, JOHN W       1.2 MAME       □ Change       □ Addition         INFECTADORESS       TS N FAIRWAY DR       1.3 STREET ADORESS       □ Change       □ Addition         MAE       LEHMANN, THOMAS J       2.2 MAME       □ Change       □ Addition         MAE       LEHMANN, THOMAS J       2.3 STREET ADORESS       □ Change       □ Addition         MAE       LEHMANN, THOMAS J       2.3 STREET ADORESS       □ Change       □ Addition         MAE       LEHMANN, THOMAS J       2.3 STREET ADORESS       □ Change       □ Addition         MAE       LEHMANN, THOMAS J       2.3 STREET ADORESS       □ Change       □ Addition         MAE       BURR, DOUGLAS H       3.3 STREET ADORESS       □ Change       □ Addition         MAE       DUFT, RICHARD J       0 DELETE       4.1 TITLE       □ Change       □ Addition         MAE       DUFT, RICHARD J       0 DELETE       4.1 TITLE       □ Change       □ Addition         MAE       NAE       DVFT, RICHARD J       5.1 TITLE       □ Change       □ Addition <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>							
Intel       Intel <td< th=""><th>office or regi agent. I am f SIGNATURE</th><th>istered agent, or both, in the Si familiar with, and accept the ot</th><th>tate of Florida. bligations of, S</th><th>Such change was aut ection 607.0505, Florid</th><th>horized by the corpor la Statutes.</th><th>orporation submits this statement for the purpose ation's board of directors. I hereby accept the app</th><th>of changing its registered</th></td<>	office or regi agent. I am f SIGNATURE	istered agent, or both, in the Si familiar with, and accept the ot	tate of Florida. bligations of, S	Such change was aut ection 607.0505, Florid	horized by the corpor la Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app	of changing its registered
TREET ADDRESS       75 N FAIRWAY DR       13 STREET ADDRESS         IfY-ST-2P       VERNON HILLS IL       14 CITV-ST-2P         NAME       LEHMANN, THOMAS J       22 MAME         STS N FAIRWAY DR       23 STREET ADDRESS         VERNON HILLS IL       0 DELETE         TITLE       24 CITV-ST-2P         VERNON HILLS IL       0 DELETE         TTLE       24 CITV-ST-2P         VERNON HILLS IL       0 DELETE         TTLE       3 STREET ADDRESS         VERNON HILLS IL       0 DELETE         TTLE       3 STREET ADDRESS         VERNON HILLS IL       0 DELETE         TTLE       3 STREET ADDRESS         TTLE       0 Change         Addition       3 STREET ADDRESS         TTLE       0 Change         Addition       3 STREET ADDRESS         TTLE       0 Change         NAWE       3 STREET ADDRESS         TTLE       0 Change         NAME       10 DELETE         AL CITV-ST-2P       0 Change         TTLE       0 Change         NAME       3 STREET ADDRESS         TTLE       0 Change         AL CITV-ST-2P       0 Change         TTLE       0	office or regi agent. I am f SIGNATURE	istered agent, or both, in the S familiar with, and accept the ot mature, typed or printed name of registered	tate of Florida. bligations of, Si d agent and title if ap	Such change was aut ection 607.0505, Florid pplicable. (NOTE: F	horized by the corpor la Statutes.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app uired when reinstating) DATE	of changing its registered ointment as registered
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AME LOVETT, RICHARD J TREET ADDRESS TS N FAIRWAY DR VERNON HILLS IL TLE D AME ROHR, JAMES 249 FIFTH AVE ONE PNC PLAZA PITTSBURGH PA A 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 tegal effect as if made under oath; that I am an officier or 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	AME TREET ADDRESS 7. AME 7.	istered agent, or both, in the Si familiar with, and accept the ot OFFICERS P AUBER, JOHN W 5 N FAIRWAY DR ERNON HILLS IL EHMANN, THOMAS J 5 N FAIRWAY DR ERNON HILLS IL D URR, DOUGLAS H 5 N FAIRWAY DR ERNON HILLS IL D URR, DOUGLAS H 5 N FAIRWAY DR ERNON HILLS IL D IAQUI, SAIYID	tate of Florida. bligations of, Si d agent and title if ap	Such change was aut ection 607.0505, Florid plicable. (NOTE: F TORS DELETE	horized by the corpor la Statutes. egistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app uired when reinstating) DATE	of changing its registered ointment as registered
TY-ST-ZIP       VERNON HILLS IL       54 CITY-ST-ZIP       Vernon Hills II       DOUDI         TLE       D       DELETE       61 TITLE       Change       Addition         AWE       ROHR, JAMES       62 NAME       62 NAME       63 STREET ADDRESS       64 CITY-ST-ZIP       Change       Addition         TY-ST-ZIP       PITTSBURGH PA       63 STREET ADDRESS       64 CITY-ST-ZIP       64 CITY-ST-ZIP       Change       Addition         4. 1 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 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	IGNATURE IGNATURE IGNATURE 2.  TLE VI REET ADDRESS VI VI REET ADDRESS VI VI ST-ST-ZIP VI REET ADDRESS VI VI ST-ST-ZIP VI REET ADDRESS VI VI ST-ST-ZIP VI VI ST-ST-ZIP VI VI VI ST-ST-ZIP VI VI VI ST-ST-ZIP VI	istered agent, or both, in the Si familiar with, and accept the ot OFFICERS P AUBER, JOHN W 5 N FAIRWAY DR ERNON HILLS IL EHMANN, THOMAS J 5 N FAIRWAY DR ERNON HILLS IL D BURR, DOUGLAS H 5 N FAIRWAY DR ERNON HILLS IL D IAQUI, SAIYID 5 N FAIRWAY DRIVE	tate of Florida. bligations of, Si d agent and title if ap	Such change was aut ection 607.0505, Florid plicable. (NOTE: F TORS DELETE	horized by the corpor la Statutes. egistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app uired when reinstating) DATE	of changing its registered ointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
AME ROHR, JAMES 249 FIFTH AVE ONE PNC PLAZA 62 NAME 17Y-ST-ZIP PITTSBURGH PA 4. 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 officier 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	Agent. I am f Agent. I am f Agent. I am f Signational agent. I am f Signational agent. I am f Signational agent. I am f TLE VI TREET ADDRESS 7 TY-ST-ZIP VI TLE TILE TI AME B IREET ADDRESS 7 TY-ST-ZIP VI TLE P AME N TREET ADDRESS 7 TLE N TREET ADDRESS 7 TLE N AME VI TLE D AME C THE D AME C THE C AME C THE C THE C AME C THE	istered agent, or both, in the Si familiar with, and accept the ot OFFICERS P AUBER, JOHN W 5 N FAIRWAY DR ERNON HILLS IL EHMANN, THOMAS J 5 N FAIRWAY DR ERNON HILLS IL D UURR, DOUGLAS H 5 N FAIRWAY DR ERNON HILLS IL D IAQUI, SAIYID 5 N FAIRWAY DR ERNON HILLS IL D IAQUI, SAIYID 5 N FAIRWAY DRIVE ERNON HILLS IL D OVETT, RICHARD J	tate of Florida. bligations of, Si d agent and title if ap	Such change was aut ection 607.0505, Florid Splicable (NOTE F TORS DELETE DELETE	horized by the corpor fa Statutes. tegistered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 3.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	orporation submits this statement for the purpose ation's board of directors. I hereby accept the app <u>ADDITIONS/CHANGES TO OFFICERS /</u> ADDITIONS/CHANGES TO OFFICERS / O. Michael L. Parker	of changing its registered ointment as registered AND DIRECTORS IN 12 Change Addition Change Addition Change Addition
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