

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

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 856649

1. Corporation Name

NTW, INCORPORATED

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 3333 BEVERLY RD Suite, Apt. #, etc. 22 City & State 23 HOFFMAN ESTATES, IL Zip 24 60179		2a. Mailing Address 26 3333 BEVERLY RD Suite, Apt. #, etc. 27 768TAX, B5-220B/B City & State 28 HOFFMAN ESTATES, IL Zip 29 60179		3. Date Incorporated or Qualified 06/03/83 4. FEI Number 54-0926506 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	
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD 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 85 Zip Code	
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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 T <input type="checkbox"/> DELETE NAME MELANCON, PAUL STREET ADDRESS 3333 BEVERLY RD CITY - ST - ZIP HOFFMAN ESTATES, IL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		
TITLE PD <input type="checkbox"/> DELETE NAME BAFFICO, PAUL STREET ADDRESS 3333 BEVERLY RD CITY - ST - ZIP HOFFMAN ESTATES, IL	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
TITLE VD <input type="checkbox"/> DELETE NAME SEXTON, BRIAN STREET ADDRESS 3333 BEVERLY RD CITY - ST - ZIP HOFFMAN ESTATES, IL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP		
TITLE V <input type="checkbox"/> DELETE NAME NANNEY, JAMES STREET ADDRESS 3333 BEVERLY RD CITY - ST - ZIP HOFFMAN ESTATES, IL	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		
TITLE S <input type="checkbox"/> DELETE NAME MCJOHN, KATHLEEN STREET ADDRESS 3333 BEVERLY RD CITY - ST - ZIP HOFFMAN ESTATES, IL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP		
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	100002514614 -05/07/98--01009--023 ***150.00	

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.

SIGNATURE:

Paul W. Melancon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/98
Date

Daytime Phone #