


**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

Fee = \$437.50 + \$103.75 = \$541.25  
FILED

97 OCT -3 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership <b>ADVANCED QUICK CIRCUITS, LIMITED PARTNERSHIP</b>		1a. DOCUMENT # <b>B94000000156</b>	
Mailing Address 245 EAST DRIVE MELBOURNE FL 32904		Principal Office Address C/O TANGRAM PARTNERS, INC. 200 SOUTH WACKER DRIVE, SUITE 3850 CHICAGO IL 60606	
2. Mailing Address <b>200 EAST DRIVE</b>		2a. Principal Office Address <b>200 EAST DRIVE</b>	
City & State <b>MELBOURNE, FLORIDA</b>		City & State <b>MELBOURNE, FLORIDA</b>	
Zip <b>32904</b>		Zip <b>32904</b>	
		3. Date Formed or Registered <b>04/22/1994</b>	
		3a. Date of Last Report <b>10/10/1996</b>	
		4. State or Country of Formation <b>DE</b>	
		5a. Capital Contributions as Shown on record. <b>\$6,900,000.00</b>	
		5b. Amount of Capital Contributions in FLORIDA to date:	
		6. FEI Number <b>59-3236556</b>	
		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		8. Make check payable to: Dept. of State (See reverse side for fee information)	

98-AR  
CM

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>1201 HAYS STREET, SUITE 105</b> <b>TALLAHASSEE FL 32301</b>		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code	
10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.			
SIGNATURE (Registered Agent Accepting Appointment)		DATE	

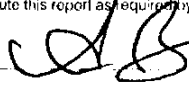
**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) <b>AQC, INC.</b>	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) <del>200 SOUTH WACKER DRIV</del> <b>200 EAST DRIVE</b>	11b. City, State & Zip Code <del>CHICAGO IL 60606</del> <b>MELBOURNE, FLORIDA</b> <b>32904</b>	11c. Registration/Document Number <b>F94000002099</b>
200002313652--4 -10/07/97--01030--014 ****541.25 ****541.25			

CR2E003 (6/97)

**Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.**

12. 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE  VICE PRESIDENT DATE **9/2/97**  
 Typed or Printed Name of General Partner Signing Form **ANDREW BAHNFLETH** Daytime Telephone Number **(407)752 8747**