2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000756

Entity Name: GENDEX CORP.

FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: 901 W. OAKTON STREET			New Princ	New Principal Place of Business:		
DES PLAINES, IL 600181884						
Current Mailing Address:			New Maili	New Mailing Address:		
901 W. OAKTON STREET DES PLAINES, IL 600181884			SUITE 310	6095 PARKLAND BLVD SUITE 310 MAYFIELD HTS, OH 44124		
FEI Number: 2	26-0075108	FEI Number Applied For ()	El Number Not Appl	icable () C	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:						
Electronic Signature of Registered Agent Date						
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E JOYCE, ROBERT 2800 CRYSTAL E HARTFIELD, PA	DRIVE	Title: Name: Address: City-St-Zip:	() CI	hange()Addition	
Title: Name: Address: City-St-Zip:	O'REILLY, JAME	'ANIA AVE. N.W. 12TH FL	Title: Name: Address: City-St-Zip:	O'REILLY, JAMES	NIA AVE. N.W. 12TH FL	
Title: Name: Address: City-St-Zip:	MCFADEN, FRAN	'ANIA AVE. N.W. 12TH FL	Title: Name: Address: City-St-Zip:	MCFADEN, FRANI	NIA AVE. N.W. 12TH FL	
Title: Name: Address: City-St-Zip:	V () E HELD, MICHAEL 1500 NORTH MIT WOOD DALE, IL	TEL BLVD.	Title: Name: Address: City-St-Zip:	LUTZ, ROBERT S	NIA AVENUE NW - 12TH FL	
Title: Name: Address: City-St-Zip:	SCHWERTNER,	BLVD, SUITE 310	Title: Name: Address: City-St-Zip:	AS/T (X) C SCHWERTNER, C 6095 PARKLAND MAYFIELD HEIGH	BLVD, SUITE 310	
Title: Name: Address: City-St-Zip:	V (X) [KUHN, MARK A ` 1800 NORTH MIT WOOD DALE, IL		Title: Name: Address: City-St-Zip:	() CI	hange()Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES A. SCHWERTNER AS/T 04/17/2009