

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 15 1998 8:00am
Secretary of State

DOCUMENT # F93000001311 (0)

1. Corporation Name

OPTIMUM HOME DELIVERY SERVICE, INC.



Principal Place of Business

3333 BEVERLY RD.
BLDG. A3-112B
HOFFMAN ESTATES IL 60179
US

Mailing Address

3333 BEVERLY RD.
D/768TAX- B5-266A
HOFFMAN ESTATES IL 60179
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1993

4. FEI Number

36-3853185

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

25 3333 Beverly Rd.

26 Suite, Apt. #, etc.

27 D/768TAX - B5-220B/B

28 City & State

29 Hoffman Estates, IL

30 Zip

31 60179

32 Country

33 USA

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

TITLE PD
NAME WAHL, JACK B.
STREET ADDRESS 3333 BEVERLY ROAD
CITY-ST-ZIP HOFFMAN ESTATES IL ☒ DELETE

TITLE VPD
NAME FRANKOWSKI, EDWIN W
STREET ADDRESS 3333 BEVERLY RD
CITY-ST-ZIP HOFFMAN ESTATES IL ☒ DELETE

TITLE TD
NAME KRISE, JAMES A
STREET ADDRESS 3333 BEVERLY RD. - LOC. A-3 260B
CITY-ST-ZIP HOFFMAN ESTATES IL ☐ DELETE

TITLE SD
NAME HAGENER, MARIA N.
STREET ADDRESS 3333 BEVERLY RD. - LOC. A-3-272A
CITY-ST-ZIP HOFFMAN ESTATES IL ☐ DELETE

TITLE D
NAME NEILBOSS, JOHN A.
STREET ADDRESS 3333 BEVERLY ROAD
CITY-ST-ZIP HOFFMAN ESTATES IL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME James E. Comerford
1.3 STREET ADDRESS 3333 Beverly Rd.
1.4 CITY-ST-ZIP Hoffman Estates, IL 60179

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Richard McLaughlin
2.3 STREET ADDRESS 3333 Beverly Rd.
2.4 CITY-ST-ZIP Hoffman Estates, IL 60179

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Director ☐ Change ☒ Addition
5.2 NAME Roger Will
5.3 STREET ADDRESS 3333 Beverly Rd.
5.4 CITY-ST-ZIP Hoffman Estates, IL 60179

6.1 TITLE Director ☐ Change ☒ Addition
6.2 NAME Thomas Gorey
6.3 STREET ADDRESS 3333 Beverly Rd.
6.4 CITY-ST-ZIP Hoffman Estates, IL 60179

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 Maria N. Hagener 4-7-98 (847) 28609676

CR2E034 (10/97)