

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90024 032 \*\*\*150.00

DOCUMENT # F93000001459

1. Corporation Name  
STS PARTNER CORPORATION

Principal Place of Business

3333 BEVERLY RD  
D/768TAX B5-266A  
HOFFMAN ESTATES IL 60719  
US

Mailing Address

3333 BEVERLY ROAD  
D/768TAX.B5-2208/B  
HOFFMAN ESTATES IL 60179  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/24/1993

4. FEI Number

36-3817598

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324  
1-800-368-7598  
TELEPHONE NO.  
TELETYPE NO.

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 ☐ DELETE

NAME PD  
LACY, ALAN J.  
STREET ADDRESS 3333 BEVERLY RD.  
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE ☐ DELETE

NAME S  
GUTTMAN, ROBERT  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

TITLE ☒ DELETE

NAME VPD  
SMIALOWSKI, JOSEPH A  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE ☐ DELETE

NAME AS  
BUKOLT, REBECCA  
STREET ADDRESS 3333 BEVERLY RD.  
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

TITLE ☐ DELETE

NAME T  
CONSTANTINE, JAMES  
STREET ADDRESS 3333 BEVERLY RD  
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE ☒ DELETE

NAME D  
LEVIN, MICHAEL D  
STREET ADDRESS 3333 BEVERLY RD.  
CITY-ST-ZIP HOFFMAN ESTATES IL 60179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME VICE PRESIDENT / DIRECTOR  
3.3 STREET ADDRESS CAROL GARNANT  
3.4 CITY-ST-ZIP 3333 BEVERLY RD.  
HOFFMAN ESTATES, IL 60179

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME VICE PRESIDENT / DIRECTOR  
6.3 STREET ADDRESS SUSAN PENWAY  
6.4 CITY-ST-ZIP 3333 BEVERLY RD.  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SUSAN PENWAY

4/27/99

847-286-9028

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)