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May 01, 1999 8:00 am
Secretary of State

05-01-1999 90024 032 ***150.00



PROFIT CORPORATION
 ANNUAL REPORT
1999

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

DOCUMENT # F93000001459

1. Corporation Name
STS PARTNER CORPORATION



DO NOT WRITE IN THIS SPACE

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**

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
 23 City & State
 24 Zip 25 Country

2a. Mailing Address
 26 Suite, Apt. #, etc. 27
 28 City & State
 29 Zip 30 Country

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LACY, ALAN J.	
STREET ADDRESS	3333 BEVERLY RD.	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GUTTMAN, ROBERT	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SMALOWSKI, JOSEPH A	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BUKOLT, REBECCA	
STREET ADDRESS	3333 BEVERLY RD.	
CITY-ST-ZIP	HOFFMAN ESTATES IL 60179	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CONSTANTINE, JAMES	
STREET ADDRESS	3333 BEVERLY RD	
CITY-ST-ZIP	HOFFMAN ESTATES IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	VICE PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	CAROL GARNANT
3.3 STREET ADDRESS	3333 BEVERLY RD.
3.4 CITY-ST-ZIP	HOFFMAN ESTATES, IL 60179
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	VICE PRESIDENT / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	SUSAN PENWAY
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, with all other like empowered.

SIGNATURE: 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)