

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F93000001753 (3)

1. Corporation Name

CORESOURCE, INC.

Principal Place of Business

630 DUNDEE ROAD, SUITE 340
NORTHBROOK IL 60062

Mailing Address

630 DUNDEE ROAD, SUITE 340
NORTHBROOK IL 60062



3. Date Incorporated or Qualified
04/09/1993

3a. Date of Last Report
05/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

4. FEI Number

35-1846036

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	EVD	<input type="checkbox"/> DELETE
NAME	DIDION, JAMES W	
STREET ADDRESS	656 BRIDGEWAY LANE	
CITY-STATE-ZIP	NAPLES FL 33963	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	DUFF, JAMES W	
STREET ADDRESS	1 ELM SLEIGH	
CITY-STATE-ZIP	GROSSE POINTE MI	
TITLE	COO	<input type="checkbox"/> DELETE
NAME	DIETRICH, ORLO L	
STREET ADDRESS	714 NORTH OAK	
CITY-STATE-ZIP	LITTLE ROCK AR 72005	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCHMIDT, MARK	
STREET ADDRESS	1500 BROOKFIELD ROAD	
CITY-STATE-ZIP	YARDLEY PA 19067	
TITLE	Director	<input checked="" type="checkbox"/> ADDITION
NAME	Andrew M. Paul	
STREET ADDRESS	1 World Financial Ctr.	
CITY-STATE-ZIP	New York, NY 10281	
TITLE		
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	James D. Long	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chief Financial Officer	
1.3 STREET ADDRESS	1824 W. Lincoln Pk. West, 312	
1.4 CITY-STATE-ZIP	Chgo, IL 60014	
2.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Richard H. Stowe	
2.3 STREET ADDRESS	1 World Financial Ctr., NY NY	
2.4 CITY-STATE-ZIP	10281	
3.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Peter B. Pfister	
3.3 STREET ADDRESS	1 New York Plaza, 30th Fl.	
3.4 CITY-STATE-ZIP	New York, NY 10004	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	John T. Hackett	
4.3 STREET ADDRESS	1 American Sq., Ste. 2850	
4.4 CITY-STATE-ZIP	Indianapolis, IN 46282	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert A. Compton	
5.3 STREET ADDRESS	1 American Sq., Ste. 2850, India. IN	
5.4 CITY-STATE-ZIP		
6.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Steve Hutchinson	
6.3 STREET ADDRESS	1 New York Plz., 30th fl.	
6.4 CITY-STATE-ZIP	New York, NY 10004	

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/96
Date

847 559 8321
Daytime Phone

CR2E034 (12/95)