FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **F93000001753 (3)**

1. Corporation Name
CORESOURCE, INC.

Principal Place of Business	Mailing Address
630 DUNDEE ROAD. SUITE 340 NORTHBROOK IL 60062	630 DUNDEE ROAD. SUITE 340 NORTHBROOK IL 60062-2751

3. Date Incorporated or Qualified: 04/09/1993
3a. Date of Last Report: 02/09/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	EVD	☐ DELETE	1.1 TITLE	Treasurer, VP	☐ Change ☒ Addition
NAME	DIDION, JAMES W		1.2 NAME	James Rossman	
STREET ADDRESS	656 BRIDGEWAY LANE		1.3 STREET ADDRESS	630 DUNDEE RD., Ste 340	
CITY-ST-ZIP	NAPLES FL 33963		1.4 CITY-ST-ZIP	NORTHBROOK IL, 60062	
TITLE	PCEO	☐ DELETE	2.1 TITLE	VP & CONTROLLER	☐ Change ☐ Addition
NAME	DUFF, JAMES W		2.2 NAME	DAVID BERGMAN	
STREET ADDRESS	1 ELMSLEIGH		2.3 STREET ADDRESS	630 DUNDEE RD	
CITY-ST-ZIP	GROSSE POINTE MI		2.4 CITY-ST-ZIP	NORTHBROOK IL 60062	
TITLE	VD	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DIETRICH, ORLO L		3.2 NAME		
STREET ADDRESS	714 NORTH OAK		3.3 STREET ADDRESS		
CITY-ST-ZIP	LITTLE ROCK AR 72005		3.4 CITY-ST-ZIP		
TITLE	VP SR. VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHMIDT, MARK		4.2 NAME		
STREET ADDRESS	1500 BROOKFIELD ROAD		4.3 STREET ADDRESS		
CITY-ST-ZIP	YARDLEY PA 19067		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PAUL, ANDREW M.		5.2 NAME		
STREET ADDRESS	1 WORLD FINANCIAL CTR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		5.4 CITY-ST-ZIP		
TITLE	CFO	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LONG, JAMES D.		6.2 NAME		
STREET ADDRESS	1824 W LINCOLN PK WEST, 312		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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: _____ DAVID BERGMAN 2/24/97 847 559 8301