

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  
Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90124 032 \*\*\*150.00

DOCUMENT # F93000001753

1. Corporation Name  
CORESOURCE, INC.

Principal Place of Business  
400 FIELD DR  
LAKE FOREST IL 60045  
US

Mailing Address  
400 FIELD DR  
LAKE FOREST FL 60045  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/09/1993

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 PCEO ☐ DELETE

NAME FARMER, RODNEY

STREET ADDRESS 400 FIELD DR

CITY-ST-ZIP LAKE FOREST IL 60045

TITLE D ☐ DELETE

NAME PETERSON, DONALD M.

STREET ADDRESS 400 FIELD DR

CITY-ST-ZIP LAKE FOREST IL 60045

TITLE TD ☐ DELETE

NAME BATTEN, RICHARD D.

STREET ADDRESS 400 FIELD DR

CITY-ST-ZIP LAKE FOREST IL 60045

TITLE COO ☐ DELETE

NAME SCHMIDT, MARK

STREET ADDRESS 400 FIELD DR

CITY-ST-ZIP LAKE FOREST IL 60045

TITLE CD ☐ DELETE

NAME FATTES, EDWIN R.

STREET ADDRESS 400 FIELD DR

CITY-ST-ZIP LAKE FOREST IL 60045

TITLE D ☐ DELETE

NAME GRAMM, FRANK G.

STREET ADDRESS 400 FIELD DR

CITY-ST-ZIP LAKE FOREST IL 60045

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

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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

4-13-99

847-283-4082

Date

Daytime Phone #

CR2E034 (11/98)