FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000001916 (6)**

1. Corporation Name
FCSC, INC.

Principal Place of Business
% BERNARD MAYLE
2720 W. DEVON AVENUE
CHICAGO IL 60659

Mailing Address
% BERNARD MAYLE
2720 W. DEVON AVENUE
CHICAGO IL 60659

2. Principal Place of Business
21 1510 75TH STREET
Suite, Apt. #, etc.
22
City & State
23 DARIEN, ILLINOIS
Zip 24 60561
Country 25 DU PAGE

2a. Mailing Address
26 1510 75TH STREET
Suite, Apt. #, etc.
27
City & State
28 DARIEN, ILLINOIS
Zip 29 60561
Country 30 DU PAGE

3. Date Incorporated or Qualified: 04/21/1993
3a. Date of Last Report: 04/20/1995
4. FEI Number: 36-3884691 — 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
THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
SUITE 105
TALLAHASSEE FL 32301

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 607.0505 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 any — Date: Registered Agent acceptance of appointment required — DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	PACOCHA, THOMAS	
STREET ADDRESS	2720 W. DEVON AVENUE	
CITY-ST-ZIP	CHICAGO IL 60659	
TITLE	DT	☐ DELETE
NAME	HALIKIAS, TERRY	
STREET ADDRESS	2720 W. DEVON AVENUE	
CITY-ST-ZIP	CHICAGO IL 60659	
TITLE	DV	☐ DELETE
NAME	CHARAL, ROBERT	
STREET ADDRESS	2720 W. DEVON AVENUE	
CITY-ST-ZIP	CHICAGO IL 60659	
TITLE	S	☐ DELETE
NAME	MAYLE, BERNARD	
STREET ADDRESS	2720 W. DEVON AVENUE	
CITY-ST-ZIP	CHICAGO IL 60659	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 attached sheet with an address.

SIGNATURE: Bernard Mayle — 4/26/96 — 708-241-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)