


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 06 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # F93000003027 (0)</b> 1. Corporation Name <b>TVC ACQUISITION CORP. ONE</b>		

Principal Place of Business <b>6111 LIVE OAK PARKWAY NORCROSS GA 30093</b>	Mailing Address <b>6111 LIVE OAK PARKWAY NORCROSS GA 30093</b>
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DO NOT WRITE IN THIS SPACE

<b>2. Principal Place of Business</b> 21 <b>400 N. MICHIGAN AVENUE</b> Suite, Apt. #, etc. 22 <b>SUITE 610</b> City & State 23 <b>CHICAGO, IL</b> Zip 24 <b>60611</b>		<b>2a. Mailing Address</b> 25 <b>400 N. MICHIGAN AVENUE</b> Suite, Apt. #, etc. 27 <b>SUITE 610</b> City & State 28 <b>CHICAGO, IL</b> Zip 29 <b>60611</b> Country 30 <b>USA</b>		<b>3. Date Incorporated or Qualified</b> <b>06/30/1993</b>	<b>4. FEI Number</b> <b>58-2054928</b> Applied For Not Applicable	<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>9. Name and Address of Current Registered Agent</b> <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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

<b>12. OFFICERS AND DIRECTORS</b>				<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>			
TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>P D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>HOLLMAN, DOUGLAS</b>			1.2 NAME	<b>RONALD J. HARPER</b>		
STREET ADDRESS	<b>6111 LIVE OAK PARKWAY</b>			1.3 STREET ADDRESS	<b>6111 Live Oak Pkwy</b>		
CITY-ST-ZIP	<b>NORCROSS GA 30093</b>			1.4 CITY-ST-ZIP	<b>Norcross, Ga 30093</b>		
TITLE	<b>VST</b>	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<b>S/T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GUNDERSON, CHAD</b>			2.2 NAME	<b>David Webster</b>		
STREET ADDRESS	<b>400 N. MICHIGAN AVE., SUITE 610</b>			2.3 STREET ADDRESS	<b>400 N. Michigan Ave Suite 610</b>		
CITY-ST-ZIP	<b>CHICAGO IL 60611-4102</b>			2.4 CITY-ST-ZIP	<b>Chicago IL 60611-4102</b>		
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<b>VPF</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>FERGUSON, DAVID C</b>			3.2 NAME	<b>William O'Shields</b>		
STREET ADDRESS	<b>400 N. MICHIGAN AVE., SUITE 610</b>			3.3 STREET ADDRESS	<b>6111 Live Oak Pkwy</b>		
CITY-ST-ZIP	<b>CHICAGO IL 60611-4102</b>			3.4 CITY-ST-ZIP	<b>Norcross, Ga. 30093</b>		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<b>CHIEF EXECUTIVE OFFICER/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				4.2 NAME	<b>ROBERT J. ANDERSON</b>		
STREET ADDRESS				4.3 STREET ADDRESS	<b>400 N. MICHIGAN AVENUE</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>CHICAGO, IL 60611</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE  **DAVID J. WEBSTER** 3/23/98

CR2E034 (10/97)