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CORPORATION ANNUAL REPORT
1995

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

FILED
95 JAN 25 PM 2:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000003592 (3)**

1. Corporation Name
MBX SERVICES, INC.

Principal Place of Business	Mailing Address
2180 WEST STATE ROAD 434, SUITE 4160 LONGWOOD FL 32779	4800 S. AUSTIN AVE. C/O MARTIN-BROWER CO. CHICAGO IL 60638 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/06/1993
3a. Date of Last Report: 01/26/1994

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: 36-3303164 ☐ 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	PD	11 TITLE		☒ Change ☐ Addition
NAME	HELLER, HERBERT A	12 NAME		
STREET ADDRESS	1111 EAST TOUHY AVENUE	13 STREET ADDRESS		
CITY-ST-ZIP	DES PLAINES IL 60018	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE		☒ Change ☐ Addition
NAME	ADZIA, DANIEL J	22 NAME		
STREET ADDRESS	1111 EAST TOUHY AVENUE	23 STREET ADDRESS	1020 W. 31st STREET	
CITY-ST-ZIP	DES PLAINES IL 60018	24 CITY-ST-ZIP	DOWNERS GROVE, IL 60515	
TITLE	STD	31 TITLE		☐ Change ☐ Addition
NAME	WINTON, JOHN C	32 NAME		
STREET ADDRESS	4800 SOUTH AUSTIN AVENUE	33 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60638	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
NAME	MALCHOW, DENNIS M	42 NAME		
STREET ADDRESS	1111 EAST TOUHY AVENUE	43 STREET ADDRESS	1020 W. 31st STREET	
CITY-ST-ZIP	DES PLAINES IL 60018	44 CITY-ST-ZIP	DOWNERS GROVE, IL 60515	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information indicated with this filing is voluntarily furnished and 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: John C. Winston 1/12/95 708-496-6200
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
JOHN C. WINSTON

0480472 FP