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 # **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

3. Date Incorporated or Qualified: **08/06/1993**

3a. Date of Last Report: **01/25/1995**

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

2. Principal Place of Business	2a. Mailing Address
21 670 NORTH ORLANDO AVENUE	26 333 EAST BUTTERFIELD RD, #500
Suite, Apt. #, etc. 22 103	Suite, Apt. #, etc. 27 C/O THE MARTIN-BROWER CO.
City & State 23 MAITLAND, FL	City & State 28 LOMBARD, IL
Zip / Country 24 32751 / 25	Zip / Country 29 60148-5641 / 30 DUPAGE

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 607.1505, 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 _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	1 TITLE: S	☐ Change ☒ Addition
NAME	HELLER, HERBERT A		2 NAME: SEIBERT, RAYMOND E.	
STREET ADDRESS	1111 EAST TOUHY AVENUE		3 STREET ADDRESS: 333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	DES PLAINES IL 60018		4 CITY-ST-ZIP: LOMBARD, IL 60148-5641	
TITLE	VD	☒ DELETE	5 TITLE: D	☐ Change ☒ Addition
NAME	ADZIA, DANIEL J		6 NAME: SPOERL, STEVEN H.	
STREET ADDRESS	1020 W. 31ST STREET		7 STREET ADDRESS: 333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	DOWNERS GROVE IL		8 CITY-ST-ZIP: LOMBARD, IL 60148-5641	
TITLE	STD	☐ DELETE	9 TITLE: VPTD	☒ Change ☐ Addition
NAME	WINTON, JOHN C		10 NAME:	
STREET ADDRESS	4800 SOUTH AUSTIN AVENUE		11 STREET ADDRESS: 333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	CHICAGO IL 60638		12 CITY-ST-ZIP: LOMBARD, IL 60148-5641	
TITLE	PD	☐ DELETE	13 TITLE:	☒ Change ☐ Addition
NAME	MALCHOW, DENNIS M		14 NAME:	
STREET ADDRESS	1020 W. 31ST STREET		15 STREET ADDRESS: 333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP	DOWNERS GROVE IL		16 CITY-ST-ZIP: LOMBARD, IL 60148-5641	
TITLE		☐ DELETE	17 TITLE: AS	☐ Change ☒ Addition
NAME			18 NAME: LAMDEN, BARRY L.	
STREET ADDRESS			19 STREET ADDRESS: 333 EAST BUTTERFIELD ROAD, SUITE 500	
CITY-ST-ZIP			20 CITY-ST-ZIP: LOMBARD, IL 60148-5641	
TITLE		☐ DELETE	21 TITLE: CM	☐ Change ☒ Addition
NAME			22 NAME: CORDELL, BARBARA	
STREET ADDRESS			23 STREET ADDRESS: 670 NORTH ORLANDO AVENUE, SUITE 103	
CITY-ST-ZIP			24 CITY-ST-ZIP: MAITLAND, FL 32751	

CR2E034 (12/95)

14. I do hereby certify that the information indicated on this report or supplemental 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 added above.

SIGNATURE: _____ V.P. 1/24/96 708/271-8300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

JOHN C. WINTON