


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

FILED

Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 668 NORTH ORLANDO AVE SUITE 108 MAITLAND FL 32751 US			Mailing Address 668 NORTH ORLANDO AVE SUITE 108 MAITLAND FL 32751 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 08/06/1993 4. FEI Number 36-3303164 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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 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	S	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SEIBERT, RAYMOND E		1.2 NAME		
STREET ADDRESS	333 EAST BUTTERFIELD ROAD SUITE 5600		1.3 STREET ADDRESS		
CITY - ST - ZIP	LOMBARD IL		1.4 CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SPOERL, STEVEN H		2.2 NAME		
STREET ADDRESS	333 EAST BUTTERFIELD ROAD SUITE 500		2.3 STREET ADDRESS		
CITY - ST - ZIP	LOMBARD IL		2.4 CITY - ST - ZIP		
TITLE	WTD	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINTON, JOHN C		3.2 NAME		
STREET ADDRESS	333 EAST BUTTERFIELD ROAD SUITE 500		3.3 STREET ADDRESS		
CITY - ST - ZIP	LOMBARD IL		3.4 CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MALCHOW, DENNIS M		4.2 NAME		
STREET ADDRESS	1020 W. 31ST STREET		4.3 STREET ADDRESS	333 E. BUTTERFIELD Rd. Suite 500	
CITY - ST - ZIP	DOWNERS GROVE IL		4.4 CITY - ST - ZIP	Lombard, IL 60148	
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAMDEN, BARRY L		5.2 NAME		
STREET ADDRESS	333 EAST BUTTERFIELD ROAD SUITE 500		5.3 STREET ADDRESS		
CITY - ST - ZIP	LOMBARD IL		5.4 CITY - ST - ZIP		
TITLE	GM	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CORNELL, BARBARA		6.2 NAME		
STREET ADDRESS	670 NORTH ORLANDO AVE SUITE 103		6.3 STREET ADDRESS	668 N. ORLANDO AVE. Suite 108	
CITY - ST - ZIP	MAITLAND FL		6.4 CITY - ST - ZIP	MAITLAND, FL 32751	

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: Barbara Cornell BARBARA CORNELL 1-20-98 407-740-8007

CR2E034 (10/97)