

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 # F93000003743 (2)

1. Corporation Name

ANTEC CORPORATION OF ILLINOIS



Principal Place of Business: **2850 WEST GOLF ROAD ROLLING MEADOWS IL 60008**
Mailing Address: **2850 WEST GOLF ROAD ROLLING MEADOWS IL 60008**

3. Date Incorporated or Qualified: **08/17/1993**
3a. Date of Last Report: **04/18/1995**

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: **36-3892082**
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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 the corporation

(NOTE: Registered Agent signature required by law.)

DATE

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	EGAN, JOHN M	
STREET ADDRESS	2850 W. GOLF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	VAN WAGNER, BRUCE	
STREET ADDRESS	2850 W. GOLF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MARGOLIS, LAWRENCE A	
STREET ADDRESS	2850 W. GOLF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROBINSON, M.E. "GENE"	
STREET ADDRESS	2850 W. GOLF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HALVERSON, GORDON E	
STREET ADDRESS	2850 W. GOLF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	
TITLE	P	<input type="checkbox"/> DELETE
NAME	INGRAM, MARTIN C	
STREET ADDRESS	2850 W. GOLF ROAD	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 attachment with an address.

SIGNATURE:

Lawrence A Margolis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

Day/Time/Phone #

CR2E034 (12/95)