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May 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 60008-4050



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/17/1993		3a. Date of Last Report 04/17/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 36-3892082		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EGAN, JOHN M	1.2 NAME	
STREET ADDRESS	2850 W. GOLF ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	1.4 CITY-ST-ZIP	
TITLE	CD	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN WAGNER, BRUCE	2.2 NAME	Distel, Daniel J.
STREET ADDRESS	2850 W. GOLF ROAD	2.3 STREET ADDRESS	2850 W. Golf Road
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	2.4 CITY-ST-ZIP	Rolling Meadow, IL 60008
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGOLIS, LAWRENCE A	3.2 NAME	
STREET ADDRESS	2850 W. GOLF ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBINSON, M.E. "GENE"	4.2 NAME	Egan, John M.
STREET ADDRESS	2850 W. GOLF ROAD	4.3 STREET ADDRESS	2850 W. Golf Road
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	4.4 CITY-ST-ZIP	Rolling Meadows, IL 60008
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HALVERSON, GORDON E	5.2 NAME	Margolis, Lawrence A
STREET ADDRESS	2850 W. GOLF ROAD	5.3 STREET ADDRESS	2850 W. Golf Road
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	5.4 CITY-ST-ZIP	Rolling Meadows, IL 60008
TITLE	P	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	INGRAM, MARTIN C	6.2 NAME	Distel, Daniel J.
STREET ADDRESS	2850 W. GOLF ROAD	6.3 STREET ADDRESS	2850 W. Golf Road
CITY-ST-ZIP	ROLLING MEADOWS IL 60008	6.4 CITY-ST-ZIP	Rolling Meadows, IL 60008

14. I do 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:

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

4/25/97  
Date

(847) 439-4444  
Daytime Phone #

0481224

CR2E034 (9/96)