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Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90082 040 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000005103

1. Corporation Name  
DCI COMMUNITIES, INC.

Principal Place of Business  
311 S. KAUTZ ROAD  
ST. CHARLES IL 60174

Mailing Address  
311 S. KAUTZ ROAD  
ST. CHARLES IL 60174

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1993

4. FEI Number  
36-3913865

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 DCI Communities, Inc.

Suite, Apt. #, etc.

22 1600 E. Main St., Ste. B

City & State

23 St. Charles, IL

Zip

24 60174

Country

25 ~~Kenn~~ USA

2a. Mailing Address

26 DCI Communities, Inc.

Suite, Apt. #, etc.

27 1600 E. Main St., Ste. B

City & State

28 St. Charles, IL

Zip

29 60174

Country

30 ~~Kenn~~ USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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

TITLE ☐ DELETE

NAME VD MCARDLE, EDWARD J

STREET ADDRESS 5101 CAROLINE

CITY-ST-ZIP HOUSTON TX

TITLE ☐ DELETE

NAME SD KELLY, THOMAS J

STREET ADDRESS 311 S. KAUTZ ROAD

CITY-ST-ZIP ST. CHARLES IL

TITLE ☐ DELETE

NAME PD MCARDLE, DAVID

STREET ADDRESS 311 S. KAUTZ ROAD

CITY-ST-ZIP ST. CHARLES IL 60174

TITLE ☒ DELETE

NAME V PATE, STEPHEN

STREET ADDRESS 28000 SPANISH WELLS BLVD.

CITY-ST-ZIP BONITA SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *Thomas J. Kelly* Thomas J. Kelly, Secretary 1/8/99 (630) 584-6580

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)