

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F94000000546 (1)**  
1. Corporation Name  
**E.O.P.E., INC.**



Principal Place of Business: **400 OAKWOOD ROAD LAKE ZURICH IL 60047**  
Mailing Address: **400 OAKWOOD ROAD LAKE ZURICH IL 60047**

3. Date Incorporated or Qualified: **02/04/1994**  
3a. Date of Last Report: **07/18/1995**  
4. FEI Number: **36-2754021**  
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 (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)

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324**  
10. Name and Address of New Registered Agent (81) Name (82) Street Address (83) City (84) City (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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                        |
|----------------------------|---|---|------------------------|
| TITLE                      | V ANDERSON, KENNETH R<br>700 BENT RIDGE LANE<br>ELGIN IL 60120  | 1. 1 TITLE  | V DANIEL J. OBRINGER   |
| NAME                       |   | 1.2 NAME  | 2333 IROQUOIS DR.      |
| STREET ADDRESS             |   | 1.3 STREET ADDRESS                                    | GLENNVIEW ILL 60025    |
| CITY-ST-ZIP                |   | 1.4 CITY-ST-ZIP                                       |                        |
| TITLE                      | V RUND, JOSEPH V<br>6214 PINE CONE COURT<br>LONG GROVE IL 60047 | 2. 1 TITLE  | V LAWRENCE N. W. II    |
| NAME                       |   | 2.2 NAME  | 1502 PINE              |
| STREET ADDRESS             |   | 2.3 STREET ADDRESS                                    | SPRING GROVE ILL 60081 |
| CITY-ST-ZIP                |   | 2.4 CITY-ST-ZIP                                       |                        |
| TITLE                      | V GIBSON, JOHN A<br>706 BENT RIDGE LANE<br>BARRINGTON IL 60010  | 3. 1 TITLE  |                        |
| NAME                       |   | 3.2 NAME  |                        |
| STREET ADDRESS             |   | 3.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |   | 3.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |   | 4. 1 TITLE  |                        |
| NAME                       |   | 4.2 NAME  |                        |
| STREET ADDRESS             |   | 4.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |   | 4.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |   | 5. 1 TITLE  |                        |
| NAME                       |   | 5.2 NAME  |                        |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       |                        |
| TITLE                      |   | 6. 1 TITLE  |                        |
| NAME                       |   | 6.2 NAME  |                        |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    |                        |
| CITY-ST-ZIP                |   | 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: Daniel J. Obringer 2/19/96 847 540 8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)