FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
'95 MAR 21 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000000560 (2)**

1. Corporation Name
NSI ACQUISITION, INC.

Principal Place of Business	Mailing Address
THREE FIRST NATIONAL PLAZA SUITE 5600 CHICAGO IL 60602	THREE FIRST NATIONAL PLAZA SUITE 5600 CHICAGO IL 60602

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

2. Principal Place of Business
21: 410 Horsham RD.
22: Suite, Apt. #, etc.
23: City & State: Horsham PA
24: Zip: 19044 Country: 25:

2a. Mailing Address
26: 410 Horsham RD.
27: Suite, Apt. #, etc.
28: City & State: Horsham PA
29: Zip: 19044. Country: 30:

4. FEI Number: 23-2744011 ☐ 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

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☑ Change ☐ Addition
NAME	HEISLEY, MICHAEL	1.2 NAME		
STREET ADDRESS	THREE FIRST NATIONAL PLAZA	1.3 STREET ADDRESS	410 Horsham Road.	
CITY-ST-ZIP	CHICAGO IL 60602	1.4 CITY-ST-ZIP	Horsham PA 19044.	
TITLE	VT	2.1 TITLE		☐ Change ☐ Addition
NAME	HAVESON, BRIAN	2.2 NAME		
STREET ADDRESS	410 HORSHAM RD.	2.3 STREET ADDRESS		
CITY-ST-ZIP	HORSHAM PA 19044	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☑ Change ☐ Addition
NAME	MATTICK, THOMAS	3.2 NAME		
STREET ADDRESS	THREE FIRST NATIONAL PLAZA	3.3 STREET ADDRESS	410 Horsham Road	
CITY-ST-ZIP	CHICAGO IL 60602	3.4 CITY-ST-ZIP	Horsham, PA 19044	
TITLE	S	4.1 TITLE		☑ Change ☐ Addition
NAME	MEADOWS, STANLEY	4.2 NAME		
STREET ADDRESS	227 W. MONROE ST.	4.3 STREET ADDRESS	410 Horsham Road	
CITY-ST-ZIP	CHICAGO IL 60602	4.4 CITY-ST-ZIP	Horsham, PA 19044	
TITLE	AS	5.1 TITLE		☑ Change ☐ Addition
NAME	BERGNER, DENISE	5.2 NAME		
STREET ADDRESS	994 WINDSOR RD.	5.3 STREET ADDRESS	410 Horsham Road	
CITY-ST-ZIP	WARMINSTER PA 18974	5.4 CITY-ST-ZIP	Horsham, PA 19044	
TITLE		6.1 TITLE		☐ Change ☐ Addition
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)(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: _____ CEO 3/7/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468042 FP