Apr 16, 1999 8:00 am Secretary of State

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400001311

Principal Place ONE NORTHBRG 5 REVERE DR NORTHBROOK	e of Business OOK PL. SUITE 310	ONE 5 R	ailing Address E NORTHBROOK EVERE DR SUIT RTHBROOK IL 60	E 310			DO NOT WRITE 3. Date Incorporated or Qualifed 03/15/1994			
2. Principal P	lace of Business	2a.	Mailing Address	s			4. FEI Number			Applied For
21	idos di Basilloso	26					36-3485722		I	Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, et	c.	_		5. Certifcate of Status Desired		+	Additional
22		27			_		5. Certificate of Status Desired	<u> </u>	Fee	Required
City & Stat	e		City & State			-	6. Election Campaign Financing		-	May Be
23	·	28					Trust Fund Contribution		_	d to Fees
Zip	Country	L	Zip		Country	1	8. This corporation owes the currer	nt year inta		
24	25	29		30			Personal Property Tax.	_1_44	Yes	□No
	9. Name and Address of Curren	t Regis	tered Agent		81	Name	10. Name and Address of New Re	gistered /	Ann	
550 (SUIT	KETT, JOHN REO STREET E 300 PA FL 33609				82 83		dress (P.O. Box Number is Not Acceptab		85 Zi	p Code
					184	I UIV			03 6	p Çode
11. Pursuant	to the provisions of Sections 607.050	2 and 6	07.1508, Florida	Statutes, the	e abov	named cor	poration submits this statement for the p	FL urpose of the appoir	changing i	its registered registered
office or r agent. I a SIGNATURE	registered agent, or both, in the State im familiar with, and accept the obliga Signature, typed or printed name of registered ager	of Floridations of,	da. Such change , Section 607.050 if applicable.	was authori 05, Florida S (NOTE: Regist	zed by statutes	e-named corporates.	red when reinstating)	urpose of the appoir	as	registered
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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 man attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADORESS

President 4/12/99 847 498-6910