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

FILED
95 MAY 24 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000002234 (2)

1. Corporation Name
NEOCOMM ~~OF DELAWARE~~, INC.
NEOCOMM OF DELAWARE, INC.

500001500965
-05/30/95--01017--022
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
435 NORTH MICHIGAN AVENUE CHICAGO IL 60611	435 NORTH MICHIGAN AVENUE CHICAGO IL 60611

3. Date Incorporated or Qualified: 04/29/1994
3a. Date of Last Report:

2. Principal Place of Business
21 633 North Orange Ave.
22 Suite, Apt. #, etc
23 City & State: Orlando, FL
24 Zip: 32801-1349 25 Country: USA

2a. Mailing Address
26
27 Suite, Apt. # etc
28 City & State
29 Zip 30 Country

4. FEI Number: 59-3227208
☐ 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 SOUTH PINE ISLAND ROAD
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, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	PUERNER, JOHN P	12 NAME	
STREET ADDRESS	633 NORTH ORANGE AVENUE	13 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32801	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	GRADOWSKI, STANLEY J	22 NAME	
STREET ADDRESS	435 N. MICHIGAN AVE., SUITE 2400	23 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL 60611	24 CITY ST ZIP	
TITLE	DAS	31 TITLE	☐ Change ☐ Addition
NAME	DARDEN, RICHARD E	32 NAME	
STREET ADDRESS	633 N. ORANGE AVENUE	33 STREET ADDRESS	
CITY ST ZIP	ORLANDO FL 32801	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

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: Stanley Gradowski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 27, 1995
Date

312-222-4144
Telephone #

0389528 CP