

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002234 (2)
1. Corporation Name
NEOCOMM OF DELAWARE, INC.

Principal Place of Business	Mailing Address
633 North Orange Ave. Orlando, FL 32801-1349	435 N. Michigan Ave. Suite #600 Chicago, IL 60611-4001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/29/1994	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-3227208	Applied For ☐ Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 or has paid the current year intangible Personal Property Tax due June 30. ☒ 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
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

Signature type and print the name of the registered agent and type of agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PUERNER, JOHN, P	1.2 NAME	
STREET ADDRESS	633 NORTH ORANGE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	1.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CRANE H. KENNEY	2.2 NAME	
STREET ADDRESS	435 N. MICHIGAN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60611	2.4 CITY-ST-ZIP	
TITLE	D/AT ☒ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DARDEN, RICHARD E	3.2 NAME	
STREET ADDRESS	633 N. ORANGE AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CHAVEZ, ROBERT	4.2 NAME	
STREET ADDRESS	633 N. ORANGE AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32801-1349	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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 of changed, or on an attachment with an address.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

Crane H. Kenney

4-23-98

312-222-3277

CP2E034 (10/97)