

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 09, 1999 8:00 am  
Secretary of State

04-09-1999 90090 044 \*\*\*150.00

DOCUMENT # F94000003639

1. Corporation Name

BENEFICIAL TECHNOLOGY CORPORATION

Principal Place of Business

ONE CHRISTINA CENTRE  
301 N. WALNUT ST.  
WILMINGTON DE 19801

Mailing Address

% STATE TAX DEPT. 300  
301 N. WALNUT ST.  
PEAPACK NJ 07977  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/12/1994

4. FEI Number

51-0111085

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 2700 Sanders Road  
Suite, Apt. #, etc.

2a. Mailing Address

26 Same.  
Suite, Apt. #, etc.

22 ANN: Tax Dept  
City & State

27

23 Prospect Heights, IL  
Zip

28

24 60070 Country

25 COOK

29

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 (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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PRARIE, PATTY  
STREET ADDRESS 300 BENEFICIAL CENTER  
CITY-ST-ZIP PEAPACK NJ 07977 ☒ DELETE

TITLE DST  
NAME CALLAS, PETER R  
STREET ADDRESS 300 BENEFICIAL CENTER  
CITY-ST-ZIP PEAPACK NJ 07977 ☒ DELETE

TITLE AS  
NAME BONNESEN, JUDITH A  
STREET ADDRESS 300 BENEFICIAL CENTER  
CITY-ST-ZIP PEAPACK NJ ☒ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President  
1.2 NAME G.D. Gilmer  
1.3 STREET ADDRESS 2700 SANDERS ROAD  
1.4 CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 ☐ Change ☒ Addition

2.1 TITLE Secretary  
2.2 NAME K.K. Cortin  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP ☐ Change ☒ Addition

3.1 TITLE Treasurer  
3.2 NAME B.B. Moss, Jr.  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☒ Addition

4.1 TITLE Director  
4.2 NAME J.W. Brenke  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☒ Addition

5.1 TITLE Director  
5.2 NAME J.A. Vozar  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☒ Addition

6.1 TITLE Asst. Secretary  
6.2 NAME R.S. Winder  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☒ Addition

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

R.S. Winder 4/2/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0664426