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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9400005862 (7) 1. Corporation Name

LMF HOLDINGS INCORPORATED

Principal Place of Susiness C/O A.B. DICK COMPANY 5700 WEST TOUHY AVENUE NILES IL 60714-4690 Mailing Address

C/O A.B. DICK COMPANY 5700 WEST TOUHY AVENUE NILES IL 60714-4690

FILED Jan 30 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

 Date Incorporated or Qualified 11/14/1994

2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	A	optied For	
21		26			36-3947012	N	lot Applicable	
Suite, Apt.	#, elc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired See Required Fee Required			
City & State					6. Election Campaign Financing	\$5.00	May Be	
23		28	28		Trust Fund Contribution		to Fees	
Zıp	Country	Zip	Country		8. This corporation owes or has paid the current year Intangible			
24 25 29 30			0	Personal Property Tax due June 30. 🔲 Yes 🔀 No				
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent OT CODDODATION SYSTEM 81 Name								
CT CORPORATION SYSTEM				Name				
1200 SOUTH PINE ISLAND ROAD				82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324				00				
				83				
			84	City		85 Zip	Code	
i				•	FL	. `	1	
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.								
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 Agen					ure required when reinstating) DATE			
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR Change	RS IN 12 Addition	
TITLE	EDEUS, THOMAS R	DELETE	1.1 TITLE	ļ		Change	Addition	
NAME	4739 GRAND AVE		1,2 NAME	ŧ				
STREET ADDRESS	WESTIN SRPINGS FL		1.3 STREET					
CITY-ST-ZIP		T on the	1.4 CITY-ST	T-ZIP		TT change	1 Addition	
TITLE	SD HOEEMAN DATRICIA A	C DELETE	2.1 TITLE			∐ Chaπge	Addition	
NAME	704 FORUM COUNTY		2.2 NAME	1			Ì	
STREET ADDRESS	GLENVIEW IL 60025		2.3 STREET ADDRESS					
CITY-ST-ZIP	No.		2. 4 CITY - S	T-ZIP		Change	Addition	
TITLE			3.1 TITLE			□ GHarige	☐ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP		- Delete	3.4. CITY - S	T- ZIP		Change	Addition	
TITLE		DELETE	4.1 TITLE			Change	Addition	
NAME			4, 2 NAME					
STREET AODRESS			4.3 STREET					
CITY - ST - ZIP		DELETE	4.4 CITY- S1	r-zip		Change	Addition	
TITLE		T DETELE	5.1 TITLE			Ghange	Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET					
CITY-ST-ZIP		DELETE	5.4 CITY-ST	1-ZIP		Change	Addition	
TITLE			6.1 TITLE			LL Change		
NAME			6.2 NAME					
STREET ADDRESS		į	6.3 STREET					
CITY-ST-ZIP	antiful that the information asset	of with this filing does not avail for the	6.4 CITY-ST		Paction 110 07/3/6) Florida Statutos I further as	rtifu that the	a information	
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								

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.

SIGNATURE:

Thomas ARU Edell EQUIPON Casuser

1/7/48

847-779-2353