SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 AUG -7 AM 11:04

DOCUMENT # **F94000006390 (8)**

1. Corporation Name
LINKSCORP (DELAWARE), INC.

Principal Place of Business	Mailing Address
245 WAUKEGAN ROAD SUITE 204 NORTHFIELD IL 60606	245 WAUKEGAN ROAD SUITE 204 NORTHFIELD IL 60606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/14/1994
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 13950 Golfway Blvd.
22: Suite, Apt. #, etc.
23: City & State: Orlando FL
24: Zip: 32828
25: County: U.S.A.

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

4. FEI Number: 36-3752240 ☐ 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 _____ (Signature, typed or printed name of registered agent and title of signature) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	11 TITLE	☐ Change ☐ Addition
NAME	FLICKWIR, DAVID	12 NAME	
STREET ADDRESS	245 WAUKEGAN ROAD STE 204	13 STREET ADDRESS	
CITY ST ZIP	NORTHFIELD IL	14 CITY ST ZIP	
TITLE	DCS	21 TITLE	☐ Change ☐ Addition
NAME	BLAKE, BENSON	22 NAME	
STREET ADDRESS	245 WAUKEGAN ROAD STE 204	23 STREET ADDRESS	
CITY ST ZIP	NORTHFIELD IL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	FAHLBERG, JOHN	32 NAME	
STREET ADDRESS	245 WAUKEGAN ROAD STE 204	33 STREET ADDRESS	
CITY ST ZIP	NORTHFIELD IL	34 CITY ST ZIP	
TITLE	D	41 TITLE	☑ Change ☐ Addition
NAME	BATTERSON, LEONARD A	42 NAME	
STREET ADDRESS	303 W. MADISON STREET, STE 1110	43 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	NEWMARK, GREGG S	52 NAME	
STREET ADDRESS	222 WEST ADAMS	53 STREET ADDRESS	
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	WHALEY, JOHN P	62 NAME	
STREET ADDRESS	222 S. 9TH STREET	63 STREET ADDRESS	
CITY ST ZIP	MINNEAPOLIS MN	64 CITY ST ZIP	

CR2E034 (3/95)

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 alteration.

SIGNATURE: Benson Blake 7.31.95 (708) 441 1010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177036 FP