

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

FILED  
Aug 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001569 (1)**

1. Corporation Name  
**THMN, INC.**

Principal Place of Business

**565 LAKEVIEW PARKWAY  
SUITE 210  
VERNON HILLS IL 60061**

Mailing Address

**565 LAKEVIEW PARKWAY  
SUITE 210  
VERNON HILLS IL 60061**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>6 SYLVAN WAY</b>		26 <b>6 SYLVAN WAY</b>		03/31/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		36-4004323	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 <b>PARSIPPANY, NJ</b>		28 <b>PARSIPPANY, NJ</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 <b>07054</b>		29 <b>07054</b>			
Country		Country			
25 <b>USA</b>		30 <b>USA</b>			

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<b>D; PRES</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LAGERWEY, KEVIN</b>	1.2 NAME	<b>MONACO, MICHAEL P.</b>
STREET ADDRESS	<b>27271 LAS RAMBLAS</b>	1.3 STREET ADDRESS	<b>6 SYLVAN WAY</b>
CITY-ST-ZIP	<b>MISSION VIEJO CA</b>	1.4 CITY-ST-ZIP	<b>PARSIPPANY, NJ 07054</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>D; SR. EXEC. VP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>COLEMAN, NEIL</b>	2.2 NAME	<b>BUCKMAN, JAMES E.</b>
STREET ADDRESS	<b>227 MAPLE AVE</b>	2.3 STREET ADDRESS	<b>6 SYLVAN WAY</b>
CITY-ST-ZIP	<b>RED BANK NJ</b>	2.4 CITY-ST-ZIP	<b>PARSIPPANY, NJ 07054</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>SECY</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MEZZO, DENNIS</b>	3.2 NAME	<b>MURPHY, JEANNE M.</b>
STREET ADDRESS	<b>27271 LAS RAMBLAS</b>	3.3 STREET ADDRESS	<b>6 SYLVAN WAY</b>
CITY-ST-ZIP	<b>MISSION VEJO CA</b>	3.4 CITY-ST-ZIP	<b>PARSIPPANY, NJ 07054</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>TREAS.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ULMER, MARK K</b>	4.2 NAME	<b>KRIDLER, TERRY E.</b>
STREET ADDRESS	<b>565 LAKEVIEW PKWY., STE 210</b>	4.3 STREET ADDRESS	<b>6 SYLVAN WAY</b>
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	4.4 CITY-ST-ZIP	<b>PARSIPPANY, NJ 07054</b>
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>DAVENPORT, DAVID E.</b>	5.2 NAME	<b>HOLMES, STEPHEN P.</b>
STREET ADDRESS	<b>565 LAKEVIEW PKWY #210</b>	5.3 STREET ADDRESS	<b>6 SYLVAN WAY</b>
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	5.4 CITY-ST-ZIP	<b>PARSIPPANY, NJ 07054</b>
TITLE	<b>VT</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORDERA, TONY M.</b>	6.2 NAME	
STREET ADDRESS	<b>565 LAKEVIEW PKWY SUTE 210</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VERNON HILLS IL</b>	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 if changed, or on an attachment with an address.

SIGNATURE

**JAMES E. BUCKMAN**

7/27/98 (973) 496-5036

CR2E034 (10/97)