

FILED
Jan 21 1998 8:00am
Secretary of State

1. Corporation Name
THE PLUS GROUP, INC.

Mailing Address
555 E. BUTTERFIELD RD., STE. 330
LOMBARD IL 60148

DO NOT WRITE IN THIS SPACE

				3. Date Incorporated or Qualified 04/25/1995			
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	
21 Suite, Apt. #, etc.			26 Suite, Apt. #, etc.			36-3809790	
22 City & State			27 City & State			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip			28 Zip			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country			29 Country			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	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81	Name
		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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR SEELANDER, J. MARSHALL 555 E. BUTTERFIELD RD., STE. 330 LOMBARD IL 60148	<input checked="" type="checkbox"/> DELETE	13. Board member GORDON, MICHAEL 555 E. BUTTERFIELD LOMBARD IL 60148
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SEELANDER, MARILYN J 555 E. BUTTERFIELD RD., STE. 330 LOMBARD IL 60148	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition PRESIDENT & TREASURER SEELANDER, MARILYN J.
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS SEELANDER, JOHN M 555 E. BUTTERFIELD RD., STE. 330 LOMBARD IL 60148	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE.

CR2E034 (10/97)