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

DOCUMENT # F95000002398

1. Corporation PRIMEXTR		0002000						
Principal Place of Business		Mailing Address			<u> </u>			
3200 HIGHLAND AVENUE DOWNERS GROVE IL 60515		3200 HIGHLAND AVENUE ATTN: LEGAL DEPARTMENT DOWNERS GROVE IL 60515						
2. Principal Pla	ce of Business	2a. Mailing Address						
Suite, Apt. #	, etc.	Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country 25	Zip 29	30 Co	untry				
	9. Name and Address of Cu	rrent Registered Agent						
0.7.00	NODODATION OVOTEN			81	Name			
1	DRPORATION SYSTEM 5. PINE ISLAND RD.			82	Street Addre			

FILED Apr 13, 1999 8:00 am Secretary of State

04-13-1999 90048 039 ***150.00



DO NOT WRITE IN THIS SPACE

Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Yes

Not Applicable \$8.75 Additional

3. Date incorporated or Qualifed

5. Certifcate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

Trust Fund Contribution

Personal Property Tax.

05/16/1995 4. FEI Number

41-1783616

C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324								
			82 Street Address (P.O. Box Number is Not Acceptable)					
								
	84	City		85	Zip Code			
		•	F <u>L</u>					
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida 	onzed by 1	-named the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	hanging tment a	g its registered s registered			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Reg	nistered Apen	signature #	required when reinstating) DATE					
12. OFFICERS AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRE	CTORS IN 12			
TITLE PD / \	1.1 TITLE			Chai	nge 🗌 Addition			
NAME DICKERSON, LEE	1.2 NAME							
STREET ADDRESS 750 RIVERPOINT DRIVE	1.3 STREET	ADORESS						
CITY-ST-ZIP WEST SACRAMENTO CA 95605	1.4 CITY-ST	-ZIP						
TITLE VPD : DELETE	2.1 TITLE			Char	nge 🗌 Addition			
NAME WHITTERS, JOSEPH E	2.2 NAME							
STREET ADDRESS 3200 HIGHLAND AVENUE	2.3 STREET	ADDRESS						
CITY-ST-ZIP- DOWNERS-GROVE IL 60515	2. 4 CITY-S	7-ZIP						
TITLE CFO DELETE	3.1 TITLE			Char	nge Addition			
NAME WHITTERS, JOSEPH E	3.2 NAME							
STREET ADDRESS 3200 HIGHLAND AVENUE	3.3 STREET	ADDRESS						
CITY-ST-ZIP DOWNERS GROVE IL 60515	3.4. CITY-S	r-zip						
TITLE SD : DELETE	4.1 TITLE			Cha	nge			
NAME SMITH, SUSAN T	4. 2 NAME							
STREET ADDRESS 3200 HIGHLAND AVENUE	4.3 STREET	ADDRESS						
CITY-ST-ZIP DOWNERS GROVE IL 60515	4.4 CITY-S1	-ZIP						
TITLE DELETE	5.1 TITLE			Chai	nge 🗌 Addition			
NAME	5.2 NAME	,						
STREET ADDRESS	5.3 STREET							
CITY-ST-ZIP	5.4 CITY-ST	-ZIP			TAIRS.			
TITLE DELETE	6.1 TITLE			☐ Cha	nge Addition			
NAME	6.2 NAME							
STREET ADDRESS	6.3 STREET							
CITY-ST-ZIP	6.4 CITY-ST			.e 41 4 .	M- 1-6			
14. I hereby certify that the information supplied with this filing does not qualify for the indicated on this annual report or supplemental annual report is type and accurate	e exempti e and that	on stated my sign	d in Section 119.07(3)(i), Flonda Statutes. I further cert nature shall have the same legal effect as if made unde	iiy that i r oath; t	ine information that I am an			