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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000003106 (0)

1. Corporation Name
NOVUS SERVICES, INC.

Principal Place of Business
2500 LAKE COOK ROAD
C/O TAX DEPT., 1-N
RIVERWOODS IL 60015

Mailing Address
2500 LAKE COOK ROAD
C/O TAX DEPT., 1-N
RIVERWOODS IL 60015-3851



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1995		3a. Date of Last Report 05/01/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 36-4020792		Applied For Not Applicable	
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		30 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
FL	

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 _____ (NOTE: Registered Agent signature required when reinstating.) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, PHILIP J	1.2 NAME	
STREET ADDRESS	2500 LAKE COOK ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERWOODS IL 60015	1.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HODGES, WILLIAM L	2.2 NAME	
STREET ADDRESS	2500 LAKE COOK ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERWOODS IL 60015	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELLOCK, MARGARET J	3.2 NAME	
STREET ADDRESS	2500 LAKE COOK ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERWOODS IL 60015	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAMANTIA, VICTOR A	4.2 NAME	
STREET ADDRESS	2500 LAKE COOK ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERWOODS IL 60015	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNTLEY, CYNTHIA E	5.2 NAME	
STREET ADDRESS	2 WORLD TRADE CENTER	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10048	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADLER, DONALD N	6.2 NAME	
STREET ADDRESS	2500 LAKE COOK ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERWOODS IL 60015	6.4 CITY-ST-ZIP	

14. I do 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: Donald N. Adler Donald N. Adler, Asst. Secretary 4/29/97 847/405-1309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)