
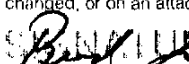


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 10 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 # F95000006330 (3)			
1. Corporation Name ARC ADVANTAGE, INC.			
Principal Place of Business 75 TRI-STATE INTERNATIONAL #100 LINCOLNSHIRE IL 60069		Mailing Address 75 TRI-STATE INTERNATIONAL #100 LINCOLNSHIRE IL 60069	
2. Principal Place of Business 21 100 TRI-STATE INTERNATIONAL Suite, Apt. #, etc. 22 SUITE 300 City & State 23 LINCOLNSHIRE, IL Zip 24 60069		2a. Mailing Address 26 100 TRI-STATE INTERNATIONAL Suite, Apt. #, etc. 27 SUITE 300 City & State 28 LINCOLNSHIRE, IL Zip 29 60069	
3. Date Incorporated or Qualified 12/29/1995		3a. Date of Last Report 09/04/1996	
4. FEI Number 36-4055056		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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 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 Signed and 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	DCP KANE, LARRY 75 TRI-STATE INTERNATIONAL #100 LINCOLNSHIRE IL 60069 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 TRI-STATE INTERNATIONAL # 300
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MASINI, SILVIA 75 TRI-STATE INTERNATIONAL #100 LINCOLNSHIRE IL 60069 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 TRI-STATE INTERNATIONAL # 300
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAMERS, BRAD 75 TRI-STATE INTERNATIONAL #100 LINCOLNSHIRE IL 60069 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 TRI-STATE INTERNATIONAL # 300
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VST CARLSON, ROBERT 75 TRI-STATE INTERNATIONAL #100 LINCOLNSHIRE IL 60069 <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 100 TRI-STATE INTERNATIONAL # 300
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		4/2/97 847-317-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)