FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 24 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 # **F96000000314 (2)**

1. Corporate Name
MOA-TL CORP.

Principal Place of Business
701 LEE STREET. SUITE #1000
DES PLAINES IL 60016

Mailing Address
701 LEE STREET. SUITE #1000
DES PLAINES IL 60016-4555

3. Date Incorporated or Qualified: **01/18/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 | State, Apt. #, etc. 22 | City & State 23 | Zip 24 | Country 25

2a. Mailing Address
26 | Suite, Apt. #, etc. 27 | City & State 28 | Zip 29 | Country 30

4. FEI Number: **36-4057019** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ 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: (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	C DOLAN, C M 3153 NORTH FORK (PO BOX 2530) CODY WY 82414 ☒ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MUELLER, KURT M 1009 ASHLAND WILMETTE IL 60091 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVD DANIELE, DANIEL W 1243 HOLLY COURT DOWNERS GROVE IL 60515 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST NOWACK, C S 1210 NORTH PINE ARLINGTON HEIGHTS IL 60004 ☒ DELETE	4.1 TITLE: SECRETARY/TREASURER 4.2 NAME: JOHN SIMON 4.3 STREET ADDRESS: 3037 HUNTINGTON DRIVE 4.4 CITY-ST-ZIP: ARLINGTON HEIGHTS, IL. 60004	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE: ROBERT BRANDT (V.P./ASST. SECRETARY) 5.2 NAME 5.3 STREET ADDRESS: 34453 N. TANGLEWAY DRIVE 5.4 CITY-ST-ZIP: GRAYSLAKE, IL. 60030	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE: VICE PRES./ASST. SECRETARY 6.2 NAME: VALERIE GOSSMAN-MURZL 6.3 STREET ADDRESS: 4200 MUM FORD DRIVE 6.4 CITY-ST-ZIP: HOFFMAN ESTATES, IL. 60195	☐ Change ☒ Addition

CR2E034 (9/96)

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 added on an attachment with an address.

SIGNATURE: John D. Simon John Simon 2/28/97 847-803-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04913S1