5-12-98 B 7108 C FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

F96000000314 (2)

DOCUMENT # 1. Corporation Name MOA-TL CORP.

FILED May 12 1998 8:00am Secretary of State



		<u></u>				
Principal Place	of Business	Mailing Address	Mailing Address			
701 LEE STREET, SUITE #1000 DES PLAINES IL 60016		701 LEE STREET. SUITE #1000 Des plaines il 60016				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 01/18/1996
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				36-4057019 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional
22		27				Fee Required
City & State		City & State				Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip		Country		This corporation owes or has paid the current year Intangible
24	25	29	30			Personal Properly Tax due June 30. Yes No
	9. Name and Address of Current	Registered Agent			 -	10. Name and Address of New Registered Agent
	CORPORATION SYSTEM			81	Name	,
1200 \$ OUTH PINE ISLAND ROAD			ŀ	82 Street Address (P.O. Box Number is Not Acceptable)		
PLA	INTATION FL 33324	ļ				
			l	83		
			}	84	City	85 Zip Code
]		•	FL T
11. Pursuant t	o the provisions of Sections 607.0502	and 607 1508, Florida Statut	es, the ab	ove-	named	d 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 registred agent and tilled applicable (NOTE: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND		13.	Agen	aigriature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	BI	DELETE	1.1 TITLE			Change Addition
NAME	SIMON, JOHN	1.2 N				
STREET ADDRESS	BOOT SHINTINGTON DD				DORESS	
··	ARLINGTON HEIGHTS IL		1.4 CITY			
CITY-ST-ZIP TITLE	PD	DELETE	2.1 717		211	CFO / PIR.
NAME	MUELLER, KURT M	L	2.2 NA		- 1	CPOTREK.
F	1009 ASHLAND				DORESS	
STREET ADDRESS	WILMETTE IL 60091		2.4 CITY		1	
CITY-ST-ZIP TITLE	EVD	DELETE	3.1 TiT		- 211	DOEST OF ALT & COD / DIR. Change Addition
NAME	DANIELE, DANIEL W	C) verice	3.2 NA			PRESIDENT & COOLDIR. Change Addition ALAN H. BAERENKLAU H30 N. WESTERN AVE.
1	1243 HOLLY COURT				DDRE S S	HAPIN MESTERN AVE.
STREET ADDRESS	BOWNIEDS ADOLE II AARAE			TY-ST		LAKE CORECT T/ 60045
CITY-ST-ZIP TITLE	VPAS	DELETE	4.1 TiT		- 2112	LAKE FOREST, IL 60045 ASST. SECRETARY Change Addition
NAME	BRANDT, ROBERT	bellie	4. 2 N/			ASOLI DECKE (MAG
1	34453 N TANGUERAY DR				DDRESS	JUDITH A. BORY 65-50 ADMERAL AUE
STREET ADDRESS	GRAYSLAKE IL					MIDDLE VILLAGE, NY 11379
CITY-ST-ZIP TITLE	VPAS	▼ D€LETE	4.4 C/I		ZIP	Change Addition
	GOSSMAN-MURZL, VALERIE	y steerie				
NAME CONCET ADDRESS	4000 18 84 FODD DD			2 NAME 3 STREET ADDRESS		
STREET ADDRESS	NOCEMAN FOTATEO II					
CITY-ST-ZIP	TOTTION LOTTICO IL	DELETE	5.4 CH	IY-\$1-	- ZIF	Change Addition
TITLE		☐ 0ctc,t	•			- Change - Addition
NAME PAREST ARRESCO			6.2 NA		nnaree	
STREET ADDRESS			1		DDRESS	
14 hereby c	edity that the information supplied wi	th this filing does not qualify f	6.4 Ch or the exe			ted in Section 119.07(3)(i), Florida Statutes. I further certify that the information
- incorpy c	and the invertible of adiabile of the	a. a imig abeo not quality i	UNU		5.000	and the state of the same formal effect on it made under onthe that I am on

4. Thereby 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.

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(8/17) 867-1267