


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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000000314 (2) 1. Corporation 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	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
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			
TITLE	ST SIMON, JOHN	<input type="checkbox"/> DELETE	
NAME	9037 HUNTINGTON DR		
STREET ADDRESS	ARLINGTON HEIGHTS IL		
CITY-ST-ZIP			
TITLE	PD MUELLER, KURT M	<input type="checkbox"/> DELETE	
NAME	1009 ASHLAND		
STREET ADDRESS	WILMETTE IL 60091		
CITY-ST-ZIP			
TITLE	EVD DANIELE, DANIEL W	<input type="checkbox"/> DELETE	
NAME	1243 HOLLY COURT		
STREET ADDRESS	DOWNERS GROVE IL 60515		
CITY-ST-ZIP			
TITLE	VPAS BRANDT, ROBERT	<input type="checkbox"/> DELETE	
NAME	34453 N TANGUERAY DR		
STREET ADDRESS	GRAYSLAKE IL		
CITY-ST-ZIP			
TITLE	VPAS GOSSMAN-MURZL, VALERIE	<input checked="" type="checkbox"/> DELETE	
NAME	4200 MUMFORD DR		
STREET ADDRESS	HOFFMAN ESTATES IL		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	CFO / DIR.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	PRESIDENT & COO / DIR.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	ALAN H. BAERENKLAU		
3.3 STREET ADDRESS	430 N. WESTERN AVE.		
3.4 CITY-ST-ZIP	LAKE FOREST, IL 60045		
4.1 TITLE	ASST. SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	JUDITH A. DORY		
4.3 STREET ADDRESS	65-50 ADMIRAL AVE		
4.4 CITY-ST-ZIP	MIDDLE VILLAGE, NY 11379		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I 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: KURT M MUELLER 11/21/98 (811) 867-1203

CR2E034 (10/97)