

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**APPLICATION
FOR
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED

00 NOV 20 PH 5:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F96000002381**

1. Corporation Name

VLTX, INC.

Principal Place of Business

Mailing Address

540 W. NORTHWEST HIGHWAY
BARRINGTON IL 60010

540 W. NORTHWEST HIGHWAY
BARRINGTON IL 60010

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

REINSTATEMENT 2000

4. Date Incorporated or Qualified
To Do Business in Florida

05/13/1996

5. FEI Number

36-4077680

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1	2	3	4
Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	VICK, DAVID S	111 EAST WACKER DRIVE., STE 3000	CHICAGO IL 60601
VS	ARVIN, NANCIE J	111 EAST WACKER DRIVE., STE 3000	CHICAGO IL 60601
VCFO	CHILD, PATRICIA M	111 EAST WACKER DRIVE., STE 3000	CHICAGO IL 60601
AS	EGAN, JAMES R	601 SECOND AVENUE SOUTH	MINNEAPOLIS MN 55402
D	HARZELL, MARK D	111 EAST WACKER DRIVE., STE 3000	CHICAGO IL 60601
VAS	ROSAL, MELISSA A	111 EAST WACKER DRIVE., STE 3000	CHICAGO IL 60601

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

C.T. CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name		
	Street Address (P.O. Box Numbers Not Applicable)	000009506630--7	
	Suite, Apt. #, Etc.	-12/20/00--01017--024	
	City	State	Zip Code
		FL	

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of
Registered Agent

Stephen Adamo

STEPHEN ADAMO
ASSISTANT SECRETARY

REGISTERED AGENT MUST SIGN

Date

11/7/2000

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Melissa Rosal
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11-13-00
Date

312-228-9416
Daytime Phone #

CR22E04p (8/00)