

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

FILED  
May 13 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 # F96000005674 (4)

1. Corporation Name  
MOA-CS CORP.



Principal Place of Business

701 LEE ST., STE. 1000  
DES PLAINES IL 60016

Mailing Address

701 LEE ST., STE. 1000  
DES PLAINES IL 60016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
10/31/1996

4. FEI Number  
36-4110656

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME MUELLER, KURT M  
STREET ADDRESS 1009 ASHLAND  
CITY-ST-ZIP WILMETTE IL 60091

☐ DELETE

TITLE DV  
NAME DANIELE, DANIEL W  
STREET ADDRESS 1243 HOLLY COURT  
CITY-ST-ZIP DOWNERS GROVE IL 60515

☒ DELETE

TITLE DST  
NAME SIMON, JOHN D  
STREET ADDRESS 3037 HUNTINGTON DR.  
CITY-ST-ZIP ARLINGTON HTS. IL 60004

☐ DELETE

TITLE VAS  
NAME BRANDT, ROBERT  
STREET ADDRESS 34453 N TANGUERAY DR  
CITY-ST-ZIP GRAYSLAKE IL

☐ DELETE

TITLE VAS  
NAME GOSSMAN-MURZL, VALERIE  
STREET ADDRESS 4200 MUMFORD DR  
CITY-ST-ZIP HOFFMAN ESTATES IL

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PRES. & COO / DIR.  
12 NAME ALAN H. DAERENKLAU  
13 STREET ADDRESS 430 N. WESTERN AVE.  
14 CITY-ST-ZIP LAKE FOREST, IL 60045

☐ Change ☒ Addition

21 TITLE CFO / DIR.  
22 NAME KURT MUELLER  
23 STREET ADDRESS  
24 CITY-ST-ZIP

☒ Change ☐ Addition

31 TITLE SGT  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

☒ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE ASST. SECRETARY  
52 NAME JUDITH M. BORDO  
53 STREET ADDRESS 65-50 ADMIRAL AVE.  
54 CITY-ST-ZIP MIDDLE VILLAGE, NY 11379

☐ Change ☒ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

☐ Change ☐ Addition

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 10/27/98 (847) 802-1200

CR2E034 (10/97)