


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

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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90237 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000005674			
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	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CFOD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, KURT M	1.2 NAME	
STREET ADDRESS	1009 ASHLAND	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL 60091	1.4 CITY-ST-ZIP	
TITLE	PCOO <input type="checkbox"/> DELETE	2.1 TITLE	PCOO AND DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAERENKLAU, ALAN H.	2.2 NAME	
STREET ADDRESS	430 N. WESTERN AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE FOREST IL 60045	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SENIOR VP AND DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, JOHN D	3.2 NAME	RICHARD GERHART
STREET ADDRESS	3037 HUNTINGTON DR.	3.3 STREET ADDRESS	4 QUEENSWAY
CITY-ST-ZIP	ARLINGTON HTS. IL 60004	3.4 CITY-ST-ZIP	LINCOLNSHIRE, IL 60069
TITLE	VAS <input type="checkbox"/> DELETE	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRANDT, ROBERT	4.2 NAME	ANN BINNS
STREET ADDRESS	34453 N TANGUERAY DR	4.3 STREET ADDRESS	2028 STANTON COURT
CITY-ST-ZIP	GRAYSLAKE IL	4.4 CITY-ST-ZIP	ARLINGTON HTS, IL 60004
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORY, JUDITH A	5.2 NAME	
STREET ADDRESS	65-50 ADMIRAL AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIDDLE VILLAGE NY 11379	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

847/803-1200

Daytime Phone #

CR2E034 (11/98)