

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.


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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

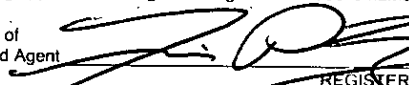
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REINSTATEMENT 01-02

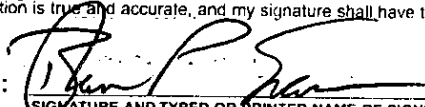
CORPORATION REINSTATEMENT  FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96-000005674	
1. Corporation Name MDA-CS Corp.	
2. Principal Office Address 701 Lee St. Ste 1000	3. Mailing Office Address 701 Lee St. Ste 1000
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Des Plaines, IL	City & State
Zip 60016	Country
Zip 60016	Country

4. Date Incorporated or Qualified To Do Business in Florida 10-31-96
5. FEI Number 36-4110656
Applied For Not Applicable
6. CERTIFICATE OF STATUS DESIRED <input type="checkbox"/> \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent	
Name LT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
Suite, Apt. #, Etc.	
City Plantation	State - Zip Code FL 33324

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.	
Signature of Registered Agent 	Date 8-15-02

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporation; must list at least 3 directors)			
Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P&CEO	Kurt M. Mueller	1009 Ashland	Wilmette, IL 60091
S&T	Blane P. Evans	4550 W. 150 th Street	Midlothian, IL 60445
V&P	Lawrence Lopater	18 Whitewood	North Hills, NY 11576
Dir	Monica C. Larum	731-302 Bode Circle	Hoffman Estates, IL 60144
Ass Sec	Judith A. Boru	6550 Admiral Ave	Middle Village, NY 11379

10. 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: 	Blane P Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date 08-05-02
	Daytime Phone # 847-803-1250

CR2E081 (9/01)