COR ANNL	PROFIT PORATION JAL REPORT 1999	G FEE AFTER		TMENT OF STATE <b>Harris</b> of State	May 07, Secreta	LED 1999 8 ry of S 0078 035 ***1	
<ul> <li>Corporation</li> </ul>	Name	6000005	820				
BINKS S	amés corpora <sup>.</sup>	TION					
Principal Place of Business Mailing Address 201 WEST BELMONT AVENUE 9201 WEST BELMONT AVEN RANKLIN PARK IL 60131 FRANKLIN PARK IL 60131			UE	DO NOT WRIT	E IN THIS SPACE	5	
					3. Date incorporated or Qualifed 11/07/1996		
2. Principal Pl	ace of Business	<u> </u>	Mailing Address		4. FEI Number 36-0808480		Applied For Not Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.	<u> </u>	5. Certifcate of Status Desired		75 Additional
City & State	9	27	City & State		6. Election Campaign Financing	\$5	ee Required -
Zip	Countr	28 V Z	Zip	Country	Trust Fund Contribution 8. This corporation owes the current	Ad	ded to Fees
.]	25	29 ess of Current Registe		30	Personal Property Tax. 10. Name and Address of New R	Yes	
	ITATION FL 33324			83			Zin Code
office or n	edistered agent or both	in the State of Florida	. Such change was au	thorized by the corbo	corporation submits this statement for the ration's board of directors. I hereby accept	FL 85 purpose of changin of the appointment	Zip Code ng its registered as registered
office or n	egistered agent, or both m familiar with, and acc	n, in the State of Florida pept the obligations of, S	i. Such change was au Section 607.0505, Flori	s, the above-named of thorized by the corpo da Statutes.	ration's board of directors. Thereby accel	purpose of changin	na its reaistered
office or n agent. I a	egistered agent, or both m famillar with, and acc - Signature, typed or printed name	in the State of Florida	I. Such change was au Section 607.0505, Flori applicable. (NOTE: 1 CTORS	s, the above-named of thorized by the corpo	ration's board of directors. Thereby accel spuired when reinstating) ADDITIONS/CHANGES TO OF	PL   purpose of changin the appointment DATE FICERS AND DIRE	ng its registered as registered 
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CR2E034 (11/98)

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

Date