

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90237 050 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F96000005821**  
 1. Corporation Name  
**MOA CENTRO, INC.**



Principal Place of Business 701 LEE STREET, SUITE 1000 DES PLAINES IL 60016	Mailing Address 701 LEE STREET, SUITE 1000 DES PLAINES IL 60016
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 36-4112368	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30

3. Date Incorporated or Qualified  
**11/07/1996**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

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		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	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input 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	TS <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SIMON, JOHN D	3.2 NAME	
STREET ADDRESS	3037 HUNTINGTON DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HTS IL 60004	3.4 CITY-ST-ZIP	
TITLE	VPAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRANDT, ROBERT	4.2 NAME	
STREET ADDRESS	34453 N. TANGERAY DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRAYS LAKE IL	4.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

V P  
 ANN BINNS  
 2028 STANTON COURT  
 ARLINGTON HTS, IL 60004

SENIOR V.P. & DIRECTOR  
 RICHARD GERHART  
 4 QUEENSWAY  
 LINCOLNSHIRE, IL 60069

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: X *Kurt Mueller* **REQUIRED** 4/30/99 Date 847/803-1200 Daytime Phone #

CR2E034 (1/98)