

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

FILED
May 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000646 (6)**

1. Corporation Name
RELCON, INC.

Principal Place of Business
**2210 CAMDEN COURT
OAK BROOK IL 60521**

Mailing Address
**2210 CAMDEN COURT
OAK BROOK IL 60521**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 02/06/1997		4. FEI Number 36-3993237		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees	

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			
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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	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SWANSON, THOMAS			1.2 NAME			
STREET ADDRESS	2210 CAMDEN CT.			1.3 STREET ADDRESS			
CITY-ST-ZIP	OAK BROOK IL 60521			1.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PALMER, DENISE			2.2 NAME			
STREET ADDRESS	435 NORTH MICHIGAN AVENUE SUITE 300			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KENNEY, CRANE			3.2 NAME			
STREET ADDRESS	435 NORTH MICHIGAN AVENUE SUITE 600			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	FULLER, JACK			4.2 NAME	Scott Smith		
STREET ADDRESS	435 NORTH MICHIGAN AVENUE SUITE 300			4.3 STREET ADDRESS	435 N. Michigan Ave.		
CITY-ST-ZIP	CHICAGO IL 60611			4.4 CITY-ST-ZIP	Chicago, IL 60611		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANDON, TIMOTHY			5.2 NAME			
STREET ADDRESS	435 NORTH MICHIGAN AVENUE, SUITE 200			5.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611			5.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WALTZ, KATHLEEN			6.2 NAME			
STREET ADDRESS	435 NORTH MICHIGAN AVENUE, SUITE 300			6.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611			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.

SIGNATURE:



Crane H. Kenney

4-21-98

312-222-3277

CR2E034 (10/97)