

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

FILED
Feb 18 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F97000004616 (5)**
1. Corporation Name
GROUP DYNAMICS INC. OF ILLINOIS



| | |
|--|--|
| Principal Place of Business 5026 CAMBERLEY LANE OLDSMAR FL 34677 | Mailing Address 5026 CAMBERLEY LANE OLDSMAR FL 34677 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|---|--|--|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 | | 2a. Mailing Address 26 1821 WALDEN OFFICE SQ. 27 Suite, Apt. #, etc. 28 575 29 City & State 30 SCHAUMBURG, IL 31 Zip Country 32 60173 33 COOK | | 3. Date Incorporated or Qualified 09/02/1997 | |
| | | 4. FEI Number 36-4118819 | | Applied For Not Applicable | |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | 8. 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 | | | |

9. Name and Address of Current Registered Agent

**MILLER, PAUL E
5026 CAMBERLEY LANE
OLDSMAR FL 34677**

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 85 Zip Code |

FL

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 MILLER, PAUL E 5026 CAMBERLEY LANE OLDSMAR FL 34677 | 1.1 TITLE | CHAIRMAN |
| NAME | | 1.2 NAME | BECK, CHARLES |
| STREET ADDRESS | | 1.3 STREET ADDRESS | 1821 WALDEN OFFICE SQ. #575 |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | SCHAUMBURG, IL 60173 |
| TITLE | S MILLER, EFFIE M 5026 CAMBERLEY LANE OLDSMAR FL 34677 | 2.1 TITLE | DIRECTOR |
| NAME | | 2.2 NAME | BECK, STEPHEN C. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 1350 SUMMIT RD. |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | BERKELEY, CA 94708 |
| TITLE | V PATRIDGE, DELORES 250 LAKE DRIVE S. ALGONQUIN IL 60102 | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | D BECK, CHARLES B 1821 WALDEN OFFICE SQUARE, #575 SCHAUMBURG IL 60173 | 4.1 TITLE | |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | D BECK, HOWARD W 811 SW 171ST PLACE MCCANNOPY FL 32667 | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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.

CR2E034 (10/97)