

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

FILED
Mar 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 # F97000006242 (8)

1. Corporation Name
KAISHA TECHNOLOGY, INC.

Principal Place of Business MILFORD HOUSE MILFORD STREET, SWINDON WILTSHIRE SN1 1DW ENGLAND	Mailing Address MILFORD HOUSE MILFORD STREET, SWINDON WILTSHIRE SN1 1DW ENGLAND
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Two MidAmerica Plaza Suite, Apt. #, etc. 22 Suite 800 City & State 23 Oakbrook Terrace, IL Zip 24 60181		2a. Mailing Address 26 same as 2 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 USA		3. Date Incorporated or Qualified 11/21/1997	
				4. FEI Number APPLIED FOR 36-4095755	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ 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	PD	1.1 TITLE	
NAME	CRISP, LEONARD	1.2 NAME	
STREET ADDRESS	MILFORD HOUSE, MILFORD ST, SWINDON	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTSHIRE SN1 1DW ENGLAND	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	MCGONIGLE, JAMES	2.2 NAME	Vice President
STREET ADDRESS	MILFORD HOUSE, MILFORD ST, SWINDON	2.3 STREET ADDRESS	James McGonigle
CITY-ST-ZIP	WILTSHIRE SN1 1DW ENGLAND	2.4 CITY-ST-ZIP	171 W. Goethe
TITLE	S	3.1 TITLE	Chicago Illinois 60610
NAME	NEUMANN, CARL A	3.2 NAME	
STREET ADDRESS	ONE MID AMERICA PLAZA, SUITE 1000	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAKBROOK TERRACE IL 60181	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	THOMAS, JOHN	4.2 NAME	
STREET ADDRESS	MILFORD HOUSE, MILFORD STREET, SWINDON	4.3 STREET ADDRESS	
CITY-ST-ZIP	WILTSHIRE SN1 1DW ENGLAND	4.4 CITY-ST-ZIP	
TITLE		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.

SIGNATURE:

J.C. Thomas Treasurer

25/2/98

CR2E034 (10/97)