


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

FILED
May 07 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 # F97000006415 (0)
 1. Corporation Name
ATC DISTRIBUTION GROUP, INC.



Principal Place of Business 900 OAKMONT LANE, SUITE 100 WESTMONT IL 60559	Mailing Address 900 OAKMONT LANE, SUITE 100 WESTMONT IL 60559
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1997	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	26 Suite, Apt. #, etc.	27 City & State
25 Zip	25 Country	29 Zip	30 Country	4. FEI Number 36-4175382	Applied For Not Applicable
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City FL 85 Zip Code	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

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.	
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SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERKINS, STEPHEN J	1.2 NAME	
STREET ADDRESS	900 OAKMONT LANE, SUITE 100	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL 60559	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEARBAUGH, WESLEY N	2.2 NAME	
STREET ADDRESS	900 OAKMONT LANE, SUITE 100	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL 60559	2.4 CITY-ST-ZIP	
TITLE	SV	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAMUNOVICH, JOSEPH	3.2 NAME	
STREET ADDRESS	900 OAKMONT LANE, SUITE 100	3.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL 60559	3.4 CITY-ST-ZIP	
TITLE	CFD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUIE, DANIEL C	4.2 NAME	
STREET ADDRESS	900 OAKMONT LANE, SUITE 100	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTMONT IL 60559	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	VICE PRESIDENT
STREET ADDRESS		5.3 STREET ADDRESS	JOHN C. KENT
CITY-ST-ZIP		5.4 CITY-ST-ZIP	900 OAKMONT LN, STE 100 WESTMONT IL 60559
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Joseph Salamunovich* 4/21/98 630-455-6000

CR2E034 (10/97)