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

PROFIT CORPORATION ANNUAL REPORT 1**99**8



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F97000006644 (5) DOCUMENT #

SENIOR FLEXONICS INC.

Principal Place of Business Mailing Address 300 EAST DEVON AVENUE 300 EAST DEVON AVENUE BARTLETT IL 60103 BARTLETT IL 60103 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/16/1997 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 94-2918781 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33324** 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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TITLE KOWAL, WILLIAM L NAME 12 NAME 300 EAST DEVON AVENUE STREET ADDRESS 1.3 STREET ADDRESS **BARTLETT IL 60103** CITY-ST-ZIP 1.4 City-St-ZiP **CFOV** DELETE ☐ Addition 2.1 TITLE ___ Change TITLE **CONNERTY, THOMAS** NAME 2.2 NAME 300 EAST DEVON AVENUE STREET ADDRESS 2.3 STREET ADDRESS BARTLETT IL 60103 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE TITLE 3.1 TITLE Change ■ Addition SHEPPARD, MICHAEL W 3.2 NAME 300 EAST DEVON AVENUE STREET ADDRESS 3.3 STREET ADDRESS BARTLETT IL 60103 CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition TITLE 4.1 TITLE KUREK, KENNETH M NAME 4. 2 NAME 300 EAST DEVON AVENUE STREET ADDRESS 4.3 STREET ADDRESS BARTLETT IL 60103 CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE 5.1 TITLE Change Addition TITLE COLLINS, WILLIAM L NAME 5.2 NAME 300 EAST DEVON AVENUE STREET ADDRESS 5.3 STREET ADDRESS BARTLETT IL 60103 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE PERKINS, GREG NAME 6.2 NAME

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 trusted 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.

6.3 STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

2400 LONGHORN INDUSTRIAL DRIVE

NEW BRAUNFELS TX 78130

Clular GZOLREIJARII

FILED

May 21 1998 8:00am

Secretary of State