

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

FILED
Jun 16, 1999 8:00 am
Secretary of State

06-16-1999 90012 044 ***550.00

0529444

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # F97000006644
 1. Corporation Name
SENIOR FLEXONICS INC.

Principal Place of Business 300 EAST DEVON AVENUE BARTLETT IL 60103	Mailing Address 300 EAST DEVON AVENUE BARTLETT IL 60103
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 12/16/1997	
4. FEI Number 94-2918781	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 the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KOWAL, WILLIAM L	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 EAST DEVON AVENUE	1.2 NAME	
STREET ADDRESS	BARTLETT IL 60103	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	CFOV CONNERTY, THOMAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 EAST DEVON AVENUE	2.2 NAME	
STREET ADDRESS	BARTLETT IL 60103	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V SHEPPARD, MICHAEL W	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 EAST DEVON AVENUE	3.2 NAME	
STREET ADDRESS	BARTLETT IL 60103	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V KUREK, KENNETH M	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 EAST DEVON AVENUE	4.2 NAME	
STREET ADDRESS	BARTLETT IL 60103	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	V COLLINS, WILLIAM L	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	300 EAST DEVON AVENUE	5.2 NAME	
STREET ADDRESS	BARTLETT IL 60103	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	V PERKINS, GREG	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2400 LONGHORN INDUSTRIAL DRIVE	6.2 NAME	
STREET ADDRESS	NEW BRAUNFELS TX 78130	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, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE REQUIRED, Treasurer 6/9/99 630/837-1811
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2034 (11/09)