

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

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

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
12/16/1997

4. FEI Number
94-2918781

Applied For
Not Applicable

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KOWAL, WILLIAM L	
STREET ADDRESS	300 EAST DEVON AVENUE	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	CFOV	<input type="checkbox"/> DELETE
NAME	CONNERTY, THOMAS	
STREET ADDRESS	300 EAST DEVON AVENUE	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHEPPARD, MICHAEL W	
STREET ADDRESS	300 EAST DEVON AVENUE	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KUREK, KENNETH M	
STREET ADDRESS	300 EAST DEVON AVENUE	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	V	<input type="checkbox"/> DELETE
NAME	COLLINS, WILLIAM L	
STREET ADDRESS	300 EAST DEVON AVENUE	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PERKINS, GREG	
STREET ADDRESS	2400 LONGHORN INDUSTRIAL DRIVE	
CITY-ST-ZIP	NEW BRAUNFELS TX 78130	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 #

CR2523/11091

0529444