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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # F98000000913

Corporation Name

PDA CORP. (DELAWARE)

## **FILED** Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90052 018 \*\*\*150.00



Principal Place of Business Mailing Address					11001100 11(8 (8(8) 1011) 88(1) 68(1) 40(1) 88(1)	.,	•• ,,•••
200 WEST MADISON ST., STE 3800 200 WEST MADISON S CHICAGO IL 60606 CHICAGO IL 60606			STE 3800		DO NOT WRITE IN TH	IIS SPACE	
					3. Date incorporated or Qualifed 02/16/1998		
3 Dinainal Di	ace of Business	2a. Mailing Address			4. FEI Number		Applied For
<del></del>	ace of business	26			36-3294232		Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.					Additional
22	<del>,</del> , 60.	27			5. Certificate of Status Desired	<b>*</b> * · · · -	Required
City & State	3	City & State			6. Election Campaign Financing	\$5.0	0 May Be
23		28			Trust Fund Contribution	·	d to Fees
Zip	Country	Zip	Count	ry	8. This corporation owes the current year	Intangible	
24	25	29 3	0		Personal Property Tax.	☐ Yes	□No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registere	d Agent	
~~~	2001 TON OFFICE COMPANY		8	1 Name			
CORPORATION SERVICE COMPANY			8	2 Street Add	ress (P.O. Box Number is Not Acceptable)		
	HAYS STREET		Ľ				
TALL	AHASSEE FL 32301-2525		8	3			
	;		S	4 City		. 85 Zip	p Code
			- 1	' '			
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State or m familiar with, and accept the obligation	f Florida. Such change was aut	nonzed t	by the corporation	poration submits this statement for the purpose on's board of directors. I hereby accept the applications are supported in the purpose of the	of changing i pointment as	its registered registered
SIGNATURE					rd when reinstating) DATE		i
	Signature, typed or printed name of registered agent a OFFICERS AND		egistered Ag	gent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECT	TORS IN 12
12.	PD OFFICERS AND	DELETE	1.1 TITLE			Change	
NAME	PRITZER, PENNY		1.2 NAM				
1	200 W. MADISON ST., STE 3800	)		ET ADDRESS			
STREET ADDRESS	CHICAGO IL	•	1.4 CITY				
CITY-ST-ZIP TITLE	VS	☐ DELETE	2.1 TITLE			☐ Change	e Addition
	POORMAN, JOHN K		2.2 NAM				_
NAME	200 W. MADISON ST., STE 3800	)		EET ADDRESS			
STREET ADDRESS	CHICAGO IL	•	2.4 CITY	1			
CITY-ST-ZIP TITLE	VDT	☐ DELETE	3.1 TITLE			☐ Change	e Addition
NAME	MILLER, GLENN	_ : ::-	3.2 NAM			_	!
STREET ADDRESS	200 W. MADISON ST., STE 3800	)		ET ADDRESS			
	CHICAGO IL	•	3.4. CITY				
CITY-ST-ZIP TITLE	VD	☐ DELETE	4.1 TITU			Change	e Addition
NAME	TURNER, ALLEN M	_	4, 2 NAM				
STREET ADDRESS	AND IN THE PROPERTY OF ACCOUNT	)		EET ADDRESS			
CITY-ST-ZIP	CHICAGO IL	-	4.4 CITY	1			
TITLE	V	☐ DELETE	5.1 TITLI			Chang	e Addition
NAME	HANDELSMAN, HAROLD S		5.2 NAM	l l			
STREET ADDRESS	200 W. MADISON ST., STE 3800	)	5.3 STR	EET ADDRESS			
CITY-ST-ZIP	CHICAGO IL	-	5.4 CITY	-ST-ZIP			
TITLE	V	☐ DELETE	6.1 TITLI	Ε		Chang	e Addition
NAME	ZUNAMON, SIMON		6.2 NAM	E			i
STREET ADDRESS	AND IN MADIOON OF OTE AND	ו	6.3 STR	EET ADDRESS			
CITY-ST-ZIP	CHICAGO IL	-	64 CITY	-ST-ZIP			
VIII 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			=	1			

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 of 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 compact of the com officer or director of the or Block 12 or Block 13 if change

SIGNATURE:

Clen Miller

1/20/99