

**FILED**  
**Jun 03, 2003 8:00 am**  
**Secretary of State**

06-03-2003 90040 016 \*\*\*150.00

80124120

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

| <b>DOCUMENT # F98000001197</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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-------|----------------|--|----------------|--|--|-------------|-----------------------------------|--|-------------|--|--|-------|----|---------------------------------|-------|--------------------------|------------------------------------------------------------------------------|----------------|---------------|--|----------------|----------------|--|-------------|-----------------------------------|--|-------------|--|--|-------|-----|---------------------------------|-------|--|-------------------------------------------------------------------|----------------|-------------------|--|----------------|--|--|-------------|-----------------------------------|--|-------------|--|--|
| <b>1. Entity Name</b><br>INTERLOGIC SYSTEMS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              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| <b>Principal Place of Business</b><br>25325 LEER DRIVE<br>ELKHART, IN 46514                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                 | <b>Mailing Address</b><br>P.O. BOX 2737<br>ELKHART, IN 46515 |                                                                                                                                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| <b>2. Principal Place of Business</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                                 | <b>3. Mailing Address</b><br>Suite, Apt. #, etc.             |                                                                                                                                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| <b>City &amp; State</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                    |                                 | <b>City &amp; State</b>                                      |                                                                                                                                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| <b>Zip</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    | <b>Country</b>                  |                                                              | <b>4. FEI Number</b> 35-1717136                                                                                                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                 |                                                              | <b>Applied For</b><br><input type="checkbox"/> Not Applicable                                                                                                           |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |     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| <input type="checkbox"/> CHECK HERE IF MAKING CHANGES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| <b>6. Name and Address of Current Registered Agent</b><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND RD.<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                    |                                 |                                                              | <b>7. Name and Address of New Registered Agent</b><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;">FL</span> Zip Code |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| <b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b><br>SIGNATURE _____ (NOTE: Registered Agent's signature required when resigning) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       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| FILE NOW WITH FEES: \$150.00<br>After May 1, 2003 Fee will be \$550.00<br>Make Check Payable to Florida Department of State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                 |                                                              | <b>9. Election Campaign Financing</b><br>Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                                            |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 55%;">NAME</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>GAUGHAN, GERRI</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>333 S WABASH<br/>CHICAGO, IL 60685</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>GV</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Senior Vice President</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SULLIVAN, JOHN J JR</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>333 S WABASH<br/>CHICAGO, IL 60685</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>SV</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Asst VP &amp; Asst Treasurer</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>O'BRIEN, A ROBERT</td> <td></td> <td>STREET ADDRESS</td> <td>Steven A. Better</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>25325 LEER DR<br/>ELKHART, IN 46514</td> <td></td> <td>CITY-ST-ZIP</td> <td>333 S Wabash<br/>Chicago, IL 60685</td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Assistant Vice President</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>SILWA, JERRY F</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>333 S WABASH<br/>CHICAGO, IL 60685</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td>Assistant Vice President</td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>CILLO, SHELLY</td> <td></td> <td>STREET ADDRESS</td> <td>Robert J. Grob</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>333 S WABASH<br/>CHICAGO, IL 60685</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>VPT</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>STREET ADDRESS</td> <td>DEMPSEY, PAMELA S</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>333 S WABASH<br/>CHICAGO, IL 60685</td> <td></td> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> |                                    |                                 |                                                              |                                                                                                                                                                         |                                                                              | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | NAME | <input type="checkbox"/> Delete | TITLE | NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | GAUGHAN, GERRI |  | STREET ADDRESS |  |  | CITY-ST-ZIP | 333 S WABASH<br>CHICAGO, IL 60685 |  | CITY-ST-ZIP |  |  | TITLE | GV | <input type="checkbox"/> Delete | TITLE | Senior Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | SULLIVAN, JOHN J JR |  | STREET ADDRESS |  |  | CITY-ST-ZIP | 333 S WABASH<br>CHICAGO, IL 60685 |  | CITY-ST-ZIP |  |  | TITLE | SV | <input type="checkbox"/> Delete | TITLE | Asst VP & Asst Treasurer | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | O'BRIEN, A ROBERT |  | STREET ADDRESS | Steven A. Better |  | CITY-ST-ZIP | 25325 LEER DR<br>ELKHART, IN 46514 |  | CITY-ST-ZIP | 333 S Wabash<br>Chicago, IL 60685 |  | TITLE | VP | <input type="checkbox"/> Delete | TITLE | Assistant Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | SILWA, JERRY F |  | STREET ADDRESS |  |  | CITY-ST-ZIP | 333 S WABASH<br>CHICAGO, IL 60685 |  | CITY-ST-ZIP |  |  | TITLE | VP | <input type="checkbox"/> Delete | TITLE | Assistant Vice President | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | CILLO, SHELLY |  | STREET ADDRESS | Robert J. Grob |  | CITY-ST-ZIP | 333 S WABASH<br>CHICAGO, IL 60685 |  | CITY-ST-ZIP |  |  | TITLE | VPT | <input type="checkbox"/> Delete | TITLE |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition | STREET ADDRESS | DEMPSEY, PAMELA S |  | STREET ADDRESS |  |  | CITY-ST-ZIP | 333 S WABASH<br>CHICAGO, IL 60685 |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                    |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11        |                                                                                                                                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                 |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |              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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                 |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |              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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | O'BRIEN, A ROBERT                  |                                 | STREET ADDRESS                                               | Steven A. Better                                                                                                                                                        |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 25325 LEER DR<br>ELKHART, IN 46514 |                                 | CITY-ST-ZIP                                                  | 333 S Wabash<br>Chicago, IL 60685                                                                                                                                       |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |              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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         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                                                 |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |              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| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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                                                 |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |              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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | CILLO, SHELLY                      |                                 | STREET ADDRESS                                               | Robert J. Grob                                                                                                                                                          |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            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| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  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| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | DEMPSEY, PAMELA S                  |                                 | STREET ADDRESS                                               |                                                                                                                                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 333 S WABASH<br>CHICAGO, IL 60685  |                                 | CITY-ST-ZIP                                                  |                                                                                                                                                                         |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| <b>12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      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       |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |
| <b>SIGNATURE:</b> <u>Jerry F. Shis</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                    |                                 |                                                              | Date <u>5/22/03</u> <span style="float: right;">312-822-7191</span><br><small>Office Phone #</small>                                                                    |                                                                              |                            |  |  |                                                       |  |  |       |      |                                 |       |      |                                                                   |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                       |                                                                              |                |                     |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |                   |  |                |                  |  |             |                                    |  |             |                                   |  |       |    |                                 |       |                          |                                                                              |                |                |  |                |  |  |             |                                   |  |             |  |  |       |    |                                 |       |                          |                                                                              |                |               |  |                |                |  |             |                                   |  |             |  |  |       |     |                                 |       |  |                                                                   |                |                   |  |                |  |  |             |                                   |  |             |  |  |

CR2E034 (10/02)

Attachment  
80124120  
F98000001197  
Current Officers

**Interlogic Systems, Inc.**

Officer

Geri Gaughan  
John J. Sullivan, Jr.  
Pamela S. Dempsey  
Steven A. Better  
Robert J. Grob  
Mary A. Ribikawskis  
Jerry F. Sliwa

Title

Chairman of the Board, President, General Counsel & Secretary  
Senior Vice President  
Vice President & Treasurer  
Assistant Vice President & Assistant Treasurer  
Assistant Vice President  
Assistant Vice President & Assistant Secretary  
Assistant Vice President

Address for all the above officers and directors:

CNA Plaza  
Chicago, IL 60685