

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

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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90175 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000001387

1. Corporation Name
LYNDON AMERICAN, INC.



Principal Place of Business: 1155 NORTH MILWAUKEE AVENUE RIVERWOODS IL 60015
 Mailing Address: 1155 NORTH MILWAUKEE AVENUE RIVERWOODS IL 60015

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/10/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		43-1807719	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input type="checkbox"/> \$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing Trust Fund Contribution	
24		29		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Country		Country		8. This corporation owes the current year Intangible Personal Property Tax.	
25		30		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, ROLAND G	1.2 NAME	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	1.3 STREET ADDRESS	520 Maryville Centre Drive
CITY-ST-ZIP	ST. LOUIS MO 63141	1.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARIOLANO, GREGG O	2.2 NAME	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	2.3 STREET ADDRESS	520 Maryville Centre Drive
CITY-ST-ZIP	ST. LOUIS MO 63141	2.4 CITY-ST-ZIP	
TITLE	VASD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CRAWFORD, BYRON A	3.2 NAME	Michael J. Edwards
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	3.3 STREET ADDRESS	1155 N. Milwaukee Avenue
CITY-ST-ZIP	ST. LOUIS MO 63141	3.4 CITY-ST-ZIP	Riverwoods, IL 60015
TITLE	VGCS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKETT, RICHARD C	4.2 NAME	
STREET ADDRESS	645 MARYVILLE CENTRE DRIVE	4.3 STREET ADDRESS	520 Maryville Centre Drive
CITY-ST-ZIP	ST. LOUIS MO 63141	4.4 CITY-ST-ZIP	
TITLE	CEOP <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEARHART, LLOYD E	5.2 NAME	CEO/P/D
STREET ADDRESS	1155 NORTH MILWAUKEE AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERWOODS IL 60015	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, JEFFREY A	6.2 NAME	
STREET ADDRESS	1155 NORTH MILWAUKEE AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERWOODS IL 60015	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Cariolano 4/15/99 314/275-5200
 SIGNATURE AND TYPE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)