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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # N9300005445 (2)

240 N. WASHINGTON BLVD. SUITE 460 SARASOTA FL 34236 2. Principal Place of Business 22. Suite, Apt. #, etc. 23. City & State 24. Mailing Address 25. City & State 27. City & State 28. Zip 29. Zip 20. Country 29. Name and Address of Current Registered Agent B1 Nar	ty The corporation submits this statement for the number of changing its registered office.
240 N. WASHINGTON BLVD. SUITE 460 SARASOTA FL 34236 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Principal Place of Business 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. City & State 2. Suite, Apt. #, etc. 2. City & State 2. Suite, Apt. #, etc. 2. City & State 2. City & State 2. Suite, Apt. #, etc. 3. Suite, Apt. #, etc. 4. Suite, Apt. #, etc. 4. Suite, Apt. #	3. Date incorporated or Qualified 11/24/1993 03/29/1995 4. FEI Number 65-0454638 Applied For Not Applied For Not Applied For Status Desired Fee Required 5. Certificate of Status Desired S8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes Xino 10. Name and Address of New Registered Agent Address (P.O. Box Number is Not Acceptable)
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THE PD DELETE 1.1 THE	laturs required when reinstating) ADDITIONS/CHANGES TO OFFICE RS AND DIRECTORS IN 12
	Change Addition
STREET ADDRESS 950 E. ILLINOIS RD.	RESS
CITY-ST-ZIP LAKE FOREST IL 60045 1.4 CITY-ST-ZIP	
TITLE SD DELETE 21 TITLE	VP
NAME SCUDDER, STUART 22 NAME	
STREET ADDRESS 712 ELVIRA 23 STREET ADDRE	
CITY-ST-ZIP REDONDA BEACH CA 90277 2 4 CITY-ST-ZIP	
	S'D MChange ☐ Addition
NAME SCUDDER, YARDA D STREET ADDRESS 207 VIA LOS MIRADOVES 3.3 STREET ADDRES 3.3 STREET ADDRES	BF95
CITY-ST-ZIP REDONDA BEACH CA 90277 3.4 CITY-ST-ZIP	
TITLE DELETE 41 TITLE	Change Addition
NAME 4. 2 NAME	BRUCE A MCDENDEWO
STREET ADDRESS 4.3 STREET ADDR	SOZ MONRUE AVE GLENCOE, IL 600ZZ
CITY-S1-ZIP 4.4 CiTY-S1-ZIP	GLENCOE, IL 600ZZ
TITLE DELETE 51 TITLE	Change Addition
NAME 52 NAME	
STREET ADDRESS 5.3 STREET ADDR	ì
City-St-ZiP 5.4 city-St-ZiP Title Delete 6.1 title	P Change Addition
NAME STREET ADDRESS 6.3 STREET ADDR	PRESS
CITY-ST-7IP 64 CITY-ST-7IP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not certify that the information indicated on this annual report or supplemental annual report is true an	T I

1 2/23/96 /(847)835-2200