

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

95 MAY -1 PM 3:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **P02952 (0)**  
 1. Corporation Name  
**COMARK, INC.**

Principal Place of Business Mailing Address  
**471 BRIGHTON DR BLOOMINGDALE IL 60108 US**  
**471 BRIGHTON DR. BLOOMINGDALE IL 60108**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/07/1984** 3a. Date of Last Report **07/06/1994**  
 4. FEI Number **36-2981402** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
 6. This Corporation has liability for interjurisdictional tax under S. 199.036, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
**1201 HAYES STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**


10. Name and Address of New Registered Agent  
 01 Name  
 02 Street Address (P.O. Box Number is Not Acceptable)  
 03  
 04 City **FL** 05 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when necessary.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLANDE, CHARLES S</b>	1.2 NAME	
STREET ADDRESS	<b>471 BRIGHTON AVE.</b>	1.3 STREET ADDRESS	
CITY ST ZIP	<b>BLOOMINGDALE IL</b>	1.4 CITY ST ZIP	
TITLE	<b>C</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORCORAN, PHILIP E</b>	2.2 NAME	
STREET ADDRESS	<b>471 BRIGHTON AVE.</b>	2.3 STREET ADDRESS	
CITY ST ZIP	<b>BLOOMINGDALE IL</b>	2.4 CITY ST ZIP	
TITLE	<b>S</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORCORAN, VICTORIA K</b>	3.2 NAME	
STREET ADDRESS	<b>471 BRIGHTON AVE.</b>	3.3 STREET ADDRESS	
CITY ST ZIP	<b>BLOOMINGDALE IL</b>	3.4 CITY ST ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KEILMAN, DAVID W.</b>	4.2 NAME	
STREET ADDRESS	<b>471 BRIGHTON AVE.</b>	4.3 STREET ADDRESS	
CITY ST ZIP	<b>BLOOMINGDALE IL</b>	4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 manager or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR  
**DAVID W KEILMAN**

4/27/95 709.351.9700  
(Official Use Only)