

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P04061 (8)
1. Corporation Name
CTEK, INC.



Principal Place of Business
CNA PLAZA
CHICAGO IL 60685

Mailing Address
CNA PLAZA
STATUTORY REPORTING - 21S
CHICAGO IL 60685

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1984	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 22-2479155	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

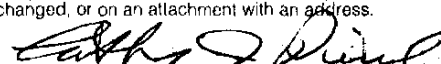
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		85	Zip Code

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	CPD	1.1 TITLE	
NAME	CONWAY, PETER P. JR.	1.2 NAME	
STREET ADDRESS	CNA PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	1.4 CITY-ST-ZIP	
TITLE	SRV	2.1 TITLE	
NAME	JOKIEL, PETER E.	2.2 NAME	
STREET ADDRESS	CNA PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	2.4 CITY-ST-ZIP	
TITLE	SRV	3.1 TITLE	SRV
NAME	LOWERY, DONALD M.	3.2 NAME	Thomas E. Donnelly
STREET ADDRESS	CNA PLAZA	3.3 STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685	3.4 CITY-ST-ZIP	CHICAGO, IL 60685
TITLE	SRVD	4.1 TITLE	SRVD
NAME	MURPHY, CAROLYN L.	4.2 NAME	Lew Nathan
STREET ADDRESS	CNA PLAZA	4.3 STREET ADDRESS	CNA PLAZA
CITY-ST-ZIP	CHICAGO IL 60685	4.4 CITY-ST-ZIP	CHICAGO, IL 60685
TITLE	AVAS	5.1 TITLE	
NAME	ROHAN, DANIEL J.	5.2 NAME	
STREET ADDRESS	CNA PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60685	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	AV
NAME	PIERCE, CATHY J	6.2 NAME	
STREET ADDRESS	CNA PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	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.

SIGNATURE:  Cathy J. Pierce 3-17-98 312-822-4255

CR2E034 (10/97)