

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

FILED

Apr 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06917** (9)

1. Corporation Name
ASSOCIATION CONSULTANTS, INC.

Principal Place of Business
**600 WEST FULTON STREET
CHICAGO IL 60661-1110**

Mailing Address
**20 MOORES RD.
FRAZER PA 18355-1114
US**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1985	3a. Date of Last Report 07/17/1996
21		26		4. FEI Number 36-3340427	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
DIBARTOLOMEO, JOSEPH 8400 BIRD ROAD MIAMI FL 33155		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERMAN, JAY J	1.2 NAME	
STREET ADDRESS	20 MOORES RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	FRAZER PA	1.4 CITY-ST-ZIP	
TITLE	VSD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APLINGTON, DAVID R	2.2 NAME	
STREET ADDRESS	20 MOORES RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FRAZER PA	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	v/d/s <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENNIGER, MARTIN	3.2 NAME	
STREET ADDRESS	20 MOORES RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	FRAZER PA	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADY, DENNIS E	4.2 NAME	
STREET ADDRESS	20 MOORES RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	FRAZER PA	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Douglas E. Hostvedt
STREET ADDRESS		5.3 STREET ADDRESS	20 Moores Road, Frazer, PA 19355
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Assist. Sec.
STREET ADDRESS		6.3 STREET ADDRESS	Colleen S. Lyons
CITY-ST-ZIP		6.4 CITY-ST-ZIP	400 W. Market St., Louisville, KY 40202

14. I do 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:

Jay H. Berman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay H. Berman 4/1/97 610-648-5724

Date Daytime Phone #

CR2E034 (9/96)