FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 PM 4:15

DOCUMENT # P08864 (1)

1. Corporation Name

THOMPSON DYKE & ASSOCIATES, LTD., INCORPORATED

Principal Place of Business	Mailing Address
SUITE #510 899 SKOKIE BOULEVARD NORTHBROOK IL 60062	SUITE #510 899 SKOKIE BOULEVARD NORTHBROOK IL 60062

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/27/1986
3a. Date of Last Report: 04/27/1994
4. FEI Number: 36-3135719 ☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

STEBBINS, NELSON
2601 GULF SHORE BLVD N
#22
NAPLES FL 33940

10. Name and Address of New Registered Agent

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 ______________________
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	DYKE, ANN S.
STREET ADDRESS	899 SKOKIE BLVD.
CITY-ST-ZIP	NORTHBROOK IL
TITLE	PD
NAME	DYKE, THOMPSON A.
STREET ADDRESS	899 SKOKIE BLVD.
CITY-ST-ZIP	NORTHBROOK IL
TITLE	S
NAME	CASPER, JANE D.
STREET ADDRESS	899 SKOKIE BLVD.
CITY-ST-ZIP	NORTHBROOK IL
TITLE	T
NAME	DYKE, PETER T.
STREET ADDRESS	899 SKOKIE BLVD.
CITY-ST-ZIP	NORTHBROOK IL
TITLE	V
NAME	JOHNSON, THEODORE R.
STREET ADDRESS	899 SKOKIE BLVD.
CITY-ST-ZIP	NORTHBROOK IL
TITLE	V
NAME	PETTERSON, N. DREW
STREET ADDRESS	899 SKOKIE BLVD.
CITY-ST-ZIP	NORTHBROOK IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE		☐ Change ☐ Addition
1 2 NAME		
1 3 STREET ADDRESS		
1 4 CITY-ST-ZIP		
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY-ST-ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY-ST-ZIP		
4 1 TITLE		☐ Change ☐ Addition
4 2 NAME		
4 3 STREET ADDRESS		
4 4 CITY-ST-ZIP		
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY-ST-ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
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 110.07(3)(k), 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: [signature] Peter T Dyke 4/10/95 (708) 272-6280
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #