


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

FILED
Apr 27 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P13277 (9)
1. Corporation Name
TIMMED LABELING SYSTEMS, INC.

Principal Place of Business
144 TOWER DRIVE
BURR RIDGE IL 60521

Mailing Address
144 TOWER DRIVE
BURR RIDGE IL 60521



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|---------------------|--|-----------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 02/17/1987 | |
| 21 | Suite, Apt. #, etc. | 26 | Suite, Apt. #, etc. | 4. FEI Number 36-2286840 | 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 | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 | | 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 | V | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JOHNSON, CHARLES E | 1.2 NAME | |
| STREET ADDRESS | 144 TOWER DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURR RIDGE IL | 1.4 CITY-ST-ZIP | |
| TITLE | V | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MOSLEY, ROBERT | 2.2 NAME | VICE PRESIDENT |
| STREET ADDRESS | 144 TOWER DRIVE | 2.3 STREET ADDRESS | RAYMOND GRAY SR. |
| CITY-ST-ZIP | BURR RIDGE IL | 2.4 CITY-ST-ZIP | 144 TOWER DRIVE |
| TITLE | SD | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NERAD, ANN | 3.2 NAME | |
| STREET ADDRESS | 144 TOWER DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURR RIDGE IL | 3.4 CITY-ST-ZIP | |
| TITLE | CTD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | NERAD, JOHN | 4.2 NAME | |
| STREET ADDRESS | 144 TOWER DRIVE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | BURR RIDGE IL | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MISSIMER, ROGER | 5.2 NAME | |
| STREET ADDRESS | 2721 SCENIC DR | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | NO MUSKEGON MI | 5.4 CITY-ST-ZIP | |
| TITLE | D | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROCHE, JAMES | 6.2 NAME | |
| STREET ADDRESS | 111 WEST MONROE | 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 affidavit with an address.

SIGNATURE: *Charles E. Johnson* 4-20-98 630-986-1800

CR2E034 (10/97)