**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90014 034 \*\*\*150.00

D	OCUMENT	#	P1	77	74	1
	Comoration Name		•		•	•

ADDITION DISTRIBUTION INC

MDEIVICE	DISTRIBUTION, INC.								
Principal Place	e of Business	Mailing Address					1161 01011 010		1911 91911 1981
180 MICHAEL D	PRIVE	200 S. WACKER DRIVE							
200 SOUTH WACKER DRIVE. SUITE 700 SUITE 700						DO NOT WRITE IN THIS SPACE			
SYOSSET NY 11791 CHICAGO IL 60606-5802 US US				3. Date incorporated or Qualifed					
03		00			ļ	01/22/1988			1
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		Ap	plied For
21 263 OLD COUNTRY RD 26						36-3549597		No	t Applicable
Suite, Apt.		Suite, Apt. #, etc.			-	5. Certifcate of Status Desired		\$8.75	Additional
22 P.D.	Box 1169	27				J. Certificate of Status Desired	<u> </u>	Fee Re	equired
City & State City & State					6. Election Campaign Financing		\$5.00		
	VILLE, NY	28				Trust Fund Contribution	<del>-</del>	Added 1	o Fees
Zip	Country	Zip	Countr	y		<ol><li>This corporation owes the currer Personal Property Tax.</li></ol>		ingible ☐ Yes	□No
24 1174	9. Name and Address of Current	29 30	01			10. Name and Address of New Re			
	5. Name and Address of Current	r Ladista and Adoll	8	Name			<b>0</b>	· • · · · · · · · · · · · · · · · · · ·	_
CT C	CORPORATION SYSTEM		-	Ctroot A	\ ddraa	- (D.O. Boy Number is Not Assentab	lo)		
	S. PINE ISLAND ROAD		82	Z Street A	Addres	s (P.O. Box Number is Not Acceptab	ne)		
PLAN	NTATION FL 33324		8:	3				·	
			84	City				85 Zip (	Code
	to the provisions of Sections 607.0502			1			<u> FL</u>		ĺ
agent. I a	registered agent, or both, in the State of t	ions of, Section 607.0505, Florid	a Statute	S. ent signature rec		nen reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO OFF	ICERS ANI		RS IN 12
ΠΙLE	PD	☐ DELETE	1.1 TITLE					Change	☐ Addison
NAME	ROTH, STEVEN I.		1.2 NAME						
STREET ADDRESS	180 MICHAEL DR.			ET ADDRESS					ļ
CITY-ST-ZIP	SYOSSET NY AS	☐ DELETE	1.4 CITY-ST-ZIP					Change	☐ Addition
TITLE NAME	ZERMUEHLEN, WILLIAM	D DEEC'T	2.1 IIILE 2.2 NAME						_
STREET ADDRESS	200 S. WACKER DRIVE #700			ET ADDRESS					
CITY-ST-ZIP	CHICAGO IL		2. 4 CITY-	1					
TITLE	VPTS	☐ DELETE	3.1 TITLE					☐ Change	☐ Addition
NAME	CANNATA, MICHAEL	•	3.2 NAME	:					
STREET ADDRESS			3.3 STRE	ET ADDRESS					
CITY-ST-ZIP	SYOSSET NY		3.4. CITY-	ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE	.				Change	☐ Addition
NAME	GUTHART, LEO A.		4. 2 NAMI	<b>■</b>					
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP	SYOSSET NY		4.4 CITY-					E) Change	Addition
TITLE	VST	☐ DELETE	5.1 TITLE					Change	☐ Yadillou
NAME	GAUVREAU, PAUL R.		5.2 NAME						
STREET ADDRESS	200 S WACKER DRIVE, #700		4	ET ADDRESS		,			
CITY-ST-ZIP	CHICAGO IL	☐ DELETE	5.4 CITY- 6.1 TITLE					Change	Addition
TITLE	VP COMEN EDANIK	□ perese	6.2 NAME			1			
NAME	OWEN, FRANK		U.Z IWWIE	. 1		•			

SYOSSET NY 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 experte 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 attribute 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 experte 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 attribute an address, with an other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 180 MICHAEL DRIVE

312-831-1070 Daytime Phone #

Date