

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

#01-2207

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P19582 (6)
1. Corporation Name
SIGNATURE AGENCY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O DAN BLINDAUER, 200 N. MARTINGLAE RD., SCHAUMBURG IL 60173-9096
Mailing Address: C/O DAN BLINDAUER, 200 N. MARTINGLAE RD., SCHAUMBURG IL 60173-9096

3. Date Incorporated or Qualified: 06/08/1988

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields.

4. FEI Number: 36-2766464

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: THE PRENTICE-HALL CORPORATION SYSTEM, INC., 1201 HAYS STREET, SUITE 105, TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent (81-85) fields.

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GALLAGHER, RICHARD C	1.2 NAME	
STREET ADDRESS	200 N MARTINGALE ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	1.4 CITY-ST-ZIP	
TITLE	VPC	2.1 TITLE	
NAME	VOLLMAN, SANDRA K	2.2 NAME	
STREET ADDRESS	200 N MARTINGALE ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	
NAME	EUWEMA, JOHN B	3.2 NAME	
STREET ADDRESS	200 N MARTINGALE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME	CASEY, PATRICK J	4.2 NAME	
STREET ADDRESS	200 N MARTINGALE ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	MOYER, LYMAN C.	5.2 NAME	
STREET ADDRESS	200 N MARTINGALE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SCHAUMBURG IL	5.4 CITY-ST-ZIP	
TITLE	SVP	6.1 TITLE	Exec. VP (Corp. Planning + Info. Services)
NAME	FORTELLI, ALAN F	6.2 NAME	McGann, Sheleen Q.
STREET ADDRESS	200 N MARTINGALE RD	6.3 STREET ADDRESS	200 N. Martingale Rd.
CITY-ST-ZIP	SCHAUMBURG IL	6.4 CITY-ST-ZIP	Schaumburg, IL 60173

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.074(1)(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: _____ PATRICK J CASEY 1-20-98

CR2E034 (10/97)