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Apr 15 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 # P25893 (9)
1. Corporation Name
COMDISCO HEALTHCARE GROUP, INC.



Principal Place of Business
6133 NORTH RIVER ROAD
ROSEMONT IL 60018

Mailing Address
6133 NORTH RIVER ROAD
ROSEMONT IL 60018

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/01/1989	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-3640329	
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	8. 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 CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
81. Name				82. Street Address (P.O. Box Number is Not Acceptable)	
83. City				84. 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	P HALVERSON, KENNETH A 6133 N. RIVER ROAD ROSEMONT IL 60018	1.1 TITLE	EVP
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	6111 N. RIVER RD.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD PONTIKES, WILLIAM N 6133 N. RIVER ROAD ROSEMONT IL 60018	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	6111 N. RIVER RD.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	TDCF VOSICKY, JOHN J 6133 N. RIVER ROAD ROSEMONT IL 60018	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	6111 N. RIVER RD.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V ANDREINI, ALAN J 6133 N. RIVER ROAD ROSEMONT IL 60018	4.1 TITLE	P
NAME		4.2 NAME	MICHAEL D. HERMAN
STREET ADDRESS		4.3 STREET ADDRESS	6111 N. RIVER RD
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ROSEMONT, IL 60018
TITLE	S HEWES, PHILIP A 6133 N. RIVER ROAD ROSEMONT IL 60018	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	6111 N. RIVER RD.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D PONTIKES, NICHOLAS K 6133 N. RIVER ROAD ROSEMONT IL 60018	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	6111 N. RIVER RD.
CITY-ST-ZIP		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 attachment with an address.

MICHAEL D. FELISH

CR2E034 (10/97)