

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90156 004 ***150.00

DOCUMENT # P25893

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

3. Date Incorporated or Qualified

09/01/1989

2. Principal Place of Business

21 6111 N. River Rd.

Suite, Apt. #, etc.

22 City & State

23 Rosemont, IL

24 Zip **60018** Country **25** USA

2a. Mailing Address

26 6111 N. River Rd.

Suite, Apt. #, etc.

27 City & State

28 Rosemont, IL

29 Zip **60018** Country **30** USA

4. FEI Number

36-3640329

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ 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

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 **EVP** ☒ DELETE
NAME **HALVERSON, KENNETH A**
STREET ADDRESS **6111 N RIVER RD**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE **VD** ☐ DELETE
NAME **PONTIKES, WILLIAM N**
STREET ADDRESS **6111 N RIVER RD**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE **TDCF** ☐ DELETE
NAME **VOSICKY, JOHN J**
STREET ADDRESS **6111 N RIVER RD**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE **P** ☐ DELETE
NAME **HERMAN, MICHAEL D**
STREET ADDRESS **6111 N RIVER RD**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE **S** ☐ DELETE
NAME **HEWES, PHILIP A**
STREET ADDRESS **6111 N RIVER RD**
CITY-ST-ZIP **ROSEMONT IL 60018**

TITLE **D** ☐ DELETE
NAME **PONTIKES, NICHOLAS K**
STREET ADDRESS **6111 N RIVER RD**
CITY-ST-ZIP **ROSEMONT IL 60018**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VP** ☐ Change ☒ Addition
1.2 NAME **Edward A. Pacewicz**
1.3 STREET ADDRESS **6111 N. River Rd.**
1.4 CITY-ST-ZIP **Rosemont, IL 60018**

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Treasurer/Director

Chief Financial Officer **4/1/99**

Date

847-698-3000
Daytime Phone #

CR2E034 (11/98)

0528010

COMDISCO HEALTHCARE GROUP, INC.
LIST OF OFFICERS & DIRECTORS
1997

STATEMENT # _____
36-3640329

389679-90156-4

P25893

ADDRESS FOR ALL

OFFICERS & DIRECTORS:
6111 N. River Road
Rosemont, IL 60018

ALL TERMS EXPIRE :

December 7, 1999

DIRECTORS:

Nicholas Pontikes
William N. Pontikes
John J. Vosicky

OFFICERS:

Michael F. Herman
John J. Vosicky
Charles A. Dale
Edward A. Pacewicz
William N. Pontikes
Wayne Tschirn
W. Bradford Wheatley
Carol S. Derenski
Michael D. Felish
Kimberly Fiedler
David Sook
Philip A. Hewes
David J. Keenan
David S. Reynolds
Jeremiah M. Fitzgerald

OFFICE:

President
Chief Financial Officer & Treasurer
Vice President
Vice President
Vice President
Vice President
Vice President
Vice President
Assistant Vice President
Assistant Vice President/Tax
Assistant Vice President
Assistant Vice President
Secretary
Controller
Assistant Controller
Assistant Secretary