

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT <b>1996</b>		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P27149 (4)**

1. Corporation Name  
**AISCO, INC.**



Principal Place of Business <b>100 N. MAIN ST., STE. 300                  EAST PEORIA IL 61611</b>	Mailing Address <b>100 N. MAIN ST., STE. 300                  EAST PEORIA IL 61611</b>
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2. Principal Place of Business 21 <b>600 High Point Lane</b> Suite, Apt. #, etc. 22 <b>Suite B</b> City & State 23 <b>East Peoria, IL</b> Zip 24 <b>61611</b>	2a. Mailing Address 26 <b>600 High Point Lane</b> Suite, Apt. #, etc. 27 <b>Suite B</b> City & State 28 <b>East Peoria, IL</b> Zip 29 <b>61611</b>	3. Date Incorporated or Qualified <b>12/06/1989</b>	3a. Date of Last Report <b>06/30/1995</b>	4. FEI Number <b>37-1220655</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>HOUCK, ROBERT                  6400 MANATEE AVENUE WEST                  SUITE L-103                  BRADENTON FL 34209</b>	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1502, 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 <b>CHANG, ANDRE PHILIP</b>	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS	<b>5 CRANFORD DR WASHINGTON IL</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	SD	2.2 NAME	<b>Strong, Lisa J.</b>
NAME	<b>BURGAUER, JAMES OTTO</b>	2.3 STREET ADDRESS	<b>804 W. Maywood</b>
STREET ADDRESS	<b>35 PENDLETON WAY</b>	2.4 CITY-ST-ZIP	<b>Peoria, IL 61604</b>
CITY-ST-ZIP	<b>BLOOMINGTON IL</b>	3.1 TITLE	
	<input checked="" type="checkbox"/> DELETE	3.2 NAME	
TITLE	VP	3.3 STREET ADDRESS	
NAME	<b>STRONG, LISA J.</b>	3.4 CITY-ST-ZIP	
STREET ADDRESS	<b>804 W. MAYWOOD</b>	4.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
CITY-ST-ZIP	<b>PEORIA IL</b>	4.2 NAME	<b>Mosher, Gary L.</b>
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	<b>4731 N. Galena Road</b>
TITLE		4.4 CITY-ST-ZIP	<b>Peoria Heights, IL 61614</b>
NAME		5.1 TITLE	VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	<b>Patchen, David B.</b>
CITY-ST-ZIP		5.3 STREET ADDRESS	<b>3206 N. Elmcroft Terrace</b>
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	<b>Peoria, IL 61604</b>
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
	<input type="checkbox"/> DELETE	<b>500001868725</b> <b>-06/20/96--01019--014</b> <b>***225.00</b>	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement or 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: *Lisa J. Strong* **6/4/96 (309)694-8180**

6/9/96

CR2E034 (12/95)