


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

FILED

Jan 23 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 # P27149 (4)		
1. Corporation Name AISCO, INC.		

Principal Place of Business 600 HIGH POINT LANE SUITE B EAST PEORIA IL 61611	Mailing Address 600 HIGH POINT LANE SUITE B EAST PEORIA IL 61611
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1989	
2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30
4. FEI Number 37-1220655	
Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HOUCK, ROBERT 6400 MANATEE AVENUE WEST SUITE L-103 BRADENTON FL 34209		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE V, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME CHANG, ANDRE PHILIP		1.2 NAME Wells, Bradley Paul	
STREET ADDRESS 5 CRANFORD DR		1.3 STREET ADDRESS 3206 N. Elmcroft Terrace	
CITY-ST-ZIP WASHINGTON IL		1.4 CITY-ST-ZIP Peoria, IL 61604	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRONG, LISA J		2.2 NAME	
STREET ADDRESS 2307 W ORLANDO CT		2.3 STREET ADDRESS	
CITY-ST-ZIP PEORIA IL		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STRONG, LISA J.		3.2 NAME	
STREET ADDRESS 2307 W ORLANDO CT		3.3 STREET ADDRESS	
CITY-ST-ZIP PEORIA IL		3.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOSHER, GARY L		4.2 NAME	
STREET ADDRESS 4731 N. GALENA ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP PEORIA HEIGHTS IL 61614		4.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PATCHEN, DAVID B		5.2 NAME	
STREET ADDRESS 3206 N. ELMCROFT TERRACE		5.3 STREET ADDRESS	
CITY-ST-ZIP PEORIA IL 61604		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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)(f), 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: Lisa J. Strong 01/14/98 (309) 694-8144

CR2E034 (10/97)