

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 26, 1999 8:00 am
Secretary of State

04-26-1999 90112 018 ***150.00

DOCUMENT # P27149

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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/06/1989

4. FEI Number

37-1220655

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Country

25 Country

29 Country

30 Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD
NAME
CHANG, ANDRE PHILIP
STREET ADDRESS
5 CRANFORD DR
CITY-STATE-ZIP
WASHINGTON IL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**SD
NAME
STRONG, LISA J
STREET ADDRESS
2307 W ORLANDO CT
CITY-STATE-ZIP
PEORIA IL**

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**SD
NAME
STRONG, LISA J
STREET ADDRESS
2307 W ORLANDO CT
CITY-STATE-ZIP
PEORIA IL**

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**VP
NAME
STRONG, LISA J
STREET ADDRESS
2307 W ORLANDO CT
CITY-STATE-ZIP
PEORIA IL**

1.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☒ DELETE

**VO
NAME
WELLS, BRADLEY PAUL
STREET ADDRESS
3206 N ELMCROFT TERR
CITY-STATE-ZIP
PEORIA IL 61604**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VP
NAME
STRONG, LISA J
STREET ADDRESS
2307 W ORLANDO CT
CITY-STATE-ZIP
PEORIA IL**

2.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

**VP
NAME
STRONG, LISA J
STREET ADDRESS
2307 W ORLANDO CT
CITY-STATE-ZIP
PEORIA IL**

2.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

**VP
NAME
STRONG, LISA J
STREET ADDRESS
2307 W ORLANDO CT
CITY-STATE-ZIP
PEORIA IL**

2.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

**VP
NAME
STRONG, LISA J
STREET ADDRESS
2307 W ORLANDO CT
CITY-STATE-ZIP
PEORIA IL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VP
NAME
STRONG, LISA J
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2307 W ORLANDO CT
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3.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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PEORIA IL**

3.4 CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

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STREET ADDRESS
2307 W ORLANDO CT
CITY-STATE-ZIP
PEORIA IL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

**VP
NAME
STRONG, LISA J
STREET ADDRESS
2307 W ORLANDO CT
CITY-STATE-ZIP
PEORIA IL**

4.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

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TITLE ☐ DELETE

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5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

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5.2 NAME ☐ Change ☐ Addition

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PEORIA IL**

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:

A. Philip Chang

4/22/99 (309) 699-6688

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)