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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P28893** **(6)**

1. Corporation Name
FIRST PREMIUM SERVICES, INC.

Principal Place of Business	Mailing Address
520 LAKE COOK ROAD SUITE 300 DEERFIELD IL 60015-0892 US	520 LAKE COOK ROAD SUITE 300 DEERFIELD IL 60015-4940 US

3. Date Incorporated or Qualified: 04/09/1990
3a. Date of Last Report: 04/24/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 36-3437365 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ 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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KNOLLENBERG, JAMES C		1.2 NAME		
STREET ADDRESS	160 SHERIDAN RD S		1.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST IL		1.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FRANK J. BURKE, JR.		2.2 NAME		
STREET ADDRESS	729 LABURNUM DRIVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	NORTHBROOK IL		2.4 CITY-ST-ZIP		
TITLE	VT	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	CARL L. ECKENBRECHT		3.2 NAME		
STREET ADDRESS	3. 1431 NORTH BELMONT AVE.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ARLINGTON HEIGHTS TN		3.4 CITY-ST-ZIP	Arlington Heights, IL	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD D. ADAMS		4.2 NAME		
STREET ADDRESS	570 CRABTREE LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST IL		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	SIDOTI, SAL		5.2 NAME		
STREET ADDRESS	1114 HIDDEN LAKE DRIVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	BUFFALO GROVE IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE	VP Operations	☒ Change ☐ Addition
NAME	SHOCKEY, JOSEPH P		6.2 NAME		
STREET ADDRESS	3. 359 BUTLER DR.		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE FOREST IL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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.

SIGNATURE: Sal J. Sidoti 01/27/97 (847)374-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #