

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Apr 24 1998 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P32220 (6)**  
 1. Corporation Name  
**VIETNOW NATIONAL HEADQUARTERS, INC.**

Principal Place of Business <b>1835 BROADWAY ROCKFORD IL 61104</b>	Mailing Address <b>1835 BROADWAY ROCKFORD IL 61104</b>
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3. Date Incorporated or Qualified  
**12/18/1990**

4. FEI Number <b>36-3420947</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28
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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>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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**

**10. Name and Address of New Registered Agent**

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDERS, RICH</b>	1.2 NAME	
STREET ADDRESS	<b>1811 HICKORY LANE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>DIXON IL 61021</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MYERS, FRED</b>	2.2 NAME	<b>VP</b>
STREET ADDRESS	<b>204 CLEVELAND</b>	2.3 STREET ADDRESS	<b>Jim Stepanek</b>
CITY-ST-ZIP	<b>DOWNS IL 61738</b>	2.4 CITY-ST-ZIP	<b>27W045 Vale Road</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEPANEK, JIM</b>	3.2 NAME	<b>S</b>
STREET ADDRESS	<b>27W045 VALE ROAD</b>	3.3 STREET ADDRESS	<b>Ed Dixon</b>
CITY-ST-ZIP	<b>WEST CHICAGO IL 60185</b>	3.4 CITY-ST-ZIP	<b>22 Winrock</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLDERMAN, HERB</b>	4.2 NAME	
STREET ADDRESS	<b>1621 PINE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SYCAMORE IL 60178</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATTE, AL</b>	5.2 NAME	
STREET ADDRESS	<b>2904 LUNDGREN ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PECATONICA IL 61063</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEWIS, JOSEPH</b>	6.2 NAME	
STREET ADDRESS	<b>22404 WEST ROUTE 20</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MARENGO IL 60152</b>	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Richard Sanders* **REQUIRED**

4-14-98 (815) 227-5100

CP2E037 (10/97)