FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 AM 11:31

DOCUMENT # P32480 (6)

1. Corporation Name
I.S.S. AGENCY, INC.

Principal Place of Business	Mailing Address
200 N MARTINGALE ROAD SCHAUMBURG IL 60173-2096 US	200 N MARTINGALE ROAD SCHAUMBURG IL 60173-2096 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/15/1991	3a. Date of Last Report: 01/31/1994
2. Principal Place of Business (21):	2a. Mailing Address (26): c/o Dan Blindauer - 10F
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27): 200 North Martingale Road
City & State (23):	City & State (28): Schaumburg, Illinois
Zip (24) / Country (25):	Zip (29): 60173-2096 / Country (30):
4. FEI Number: 36-3713657	☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	HEINE, SPENCER N	1.2 NAME	GALLAGHER RICHARD C.	
STREET ADDRESS	200 N. MARTINGALE ROAD	1.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP	SCHAUMBURG IL	1.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	PORTELLI, ALAN F.	2.2 NAME		
STREET ADDRESS	200 N. MARTINGALE ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL	2.4 CITY-ST-ZIP		
TITLE	VS	3.1 TITLE		☐ Change ☐ Addition
NAME	EUWEMA, JOHN B	3.2 NAME		
STREET ADDRESS	200 N MARTINGALE ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE		☐ Change ☐ Addition
NAME	SCHULTZ, JACK R.	4.2 NAME		
STREET ADDRESS	200 N. MARTINGALE ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	SCHAUMBURG IL	4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE	CHAIRMAN & CEO	☐ Change ☒ Addition
NAME		5.2 NAME	REDDINGTON, GARY J.	
STREET ADDRESS		5.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	
TITLE		6.1 TITLE	VICE CHAIRMAN	☐ Change ☒ Addition
NAME		6.2 NAME	McCAFFERY, GENE C.	
STREET ADDRESS		6.3 STREET ADDRESS	200 North Martingale Road	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Schaumburg, IL 60173-2096	

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)(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: Jack R. Schultz JACK R. SCHULTZ VP & Controller 01-24-95 (708) 605-4543
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

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