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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P32480**

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

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

Mailing Address
**C/O DAN BLINDAUER - 10F
200 NORTH MARTINGALE ROAD
SCHAUMBURG IL 60173-2096
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/15/1991

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23

City & State

28

Zip Country

24

25

Zip Country

29

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 owes the current year Intangible
Personal Property Tax. ☐ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GALLAGHER, RICHARD C	
STREET ADDRESS	200 NORTH MARTINGALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ORTELLI, ALAN F.	
STREET ADDRESS	200 N. MARTINGALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	EUWEMA, JOHN B	
STREET ADDRESS	200 N MARTINGALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	VPC	<input checked="" type="checkbox"/> DELETE
NAME	VOLLMAN, SANDRA K	
STREET ADDRESS	200 N. MARTINGALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE	VC	<input checked="" type="checkbox"/> DELETE
NAME	MCCAFFERY, GENE C	
STREET ADDRESS	200 NORTH MARTINGALE ROAD	
CITY-ST-ZIP	SCHAUMBURG IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LINEN, WORTHINGTON W.	
1.3 STREET ADDRESS	200 NORTH MARTINGALE ROAD	
1.4 CITY-ST-ZIP	SCHAUMBURG, IL	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VPC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	OVER, JANICE M.	
4.3 STREET ADDRESS	200 N. MARTINGALE ROAD	
4.4 CITY-ST-ZIP	SCHAUMBURG, IL	
5.1 TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MOYER, LYMAN C.	
5.3 STREET ADDRESS	200 N. MARTINGALE ROAD	
5.4 CITY-ST-ZIP	SCHAUMBURG, IL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

John B. Euwema
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-99

Date

Daytime Phone #

CR2E034 (11/98)