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May 05, 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

DOCUMENT # P33069

1. Corporation Name

DATA CENTER DESIGN AND DEVELOPMENT CORPORATION

Principal Place of Business

630 NORTH COURT
PALATINE IL 60067

Mailing Address

630 NORTH COURT
PALATINE IL 60067



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/04/1991

4. FEI Number

36-3155891

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.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

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

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 CPD ☐ DELETE

NAME BOADO, EDUARDO
STREET ADDRESS 23338 MALLARD COURT
CITY-ST-ZIP BARRINGTON IL

TITLE V ☒ DELETE

NAME MCGRATH, DANIEL J.
STREET ADDRESS 14 THORNFIELD LANE
CITY-ST-ZIP HAWTHORN WOODS IL

TITLE ST ☐ DELETE

NAME BOADO, SHEILA T.
STREET ADDRESS 23338 MALLARD COURT
CITY-ST-ZIP BARRINGTON IL

TITLE D ☒ DELETE

NAME RARDIN, RICHARD J
STREET ADDRESS 1600 MCKOOL AVE
CITY-ST-ZIP STREAMWOOD IL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT ☐ Change ☒ Addition

1.2 NAME NOESGES, RAYMOND
1.3 STREET ADDRESS 622 RED HILL TRAIL-1B
1.4 CITY-ST-ZIP CAROL STREAM-IL-60188

2.1 TITLE VICE PRESIDENT ☐ Change ☒ Addition

2.2 NAME KURCHINA, WAYNE J.
2.3 STREET ADDRESS 4104 W. LAKE SHORE DR.
2.4 CITY-ST-ZIP WILDER LAKE-IL-60097

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Signature of Daniel J. McGrath
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99 847-705-1900
Date Daytime Phone #

CR2E034 (11/98)