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 MAY -1 AM 8:41

DOCUMENT # P35458 (9)

1. Corporation Name
EXHIBITGROUP INC.

Principal Place of Business	Mailing Address
2855 CARL BLVD ELK GROVE IL 60007	2855 CARL BLVD ELK GROVE IL 60007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/10/1991
3a. Date of Last Report: 05/11/1994

2. Principal Place of Business
21 200 N. GARY
22 Suite, Apt. #, etc
23 Roselle, IL City & State
24 60172 Zip 25 County

2a. Mailing Address
26 200 N. Gary
27 Suite, Apt #, etc
28 ROSELLE, IL City & State
29 60172 Zip 30 County

4. FEI Number: 36-2318252 ☐ 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 [signature] 4/27/95
Signature, typed or printed name of registered agent and the date. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VAS	11 TITLE		☐ Change ☐ Addition
NAME	BLOOM, WILLIAM J.	12 NAME		
STREET ADDRESS	2825 CARL BOULEVARD	13 STREET ADDRESS	200 N. Gary	
CITY ST ZIP	ELK GROVE VILLAGE IL	14 CITY ST ZIP	Roselle, IL 60172	
TITLE	VS	21 TITLE		☐ Change ☐ Addition
NAME	EMERSON, FREDERICK G.	22 NAME		
STREET ADDRESS	DIAL TOWER	23 STREET ADDRESS		
CITY ST ZIP	PHOENIX AZ	24 CITY ST ZIP		
TITLE	P	31 TITLE		☐ Change ☐ Addition
NAME	CORSENTINO, CHARLES	32 NAME		
STREET ADDRESS	2825 CARL BOULEVARD	33 STREET ADDRESS	200 N. Gary	
CITY ST ZIP	ELK GROVE VILLAGE IL	34 CITY ST ZIP	Roselle, IL 60172	
TITLE	VT	41 TITLE		☐ Change ☐ Addition
NAME	NELSON, RONALD G.	42 NAME		
STREET ADDRESS	DIAL TOWER	43 STREET ADDRESS		
CITY ST ZIP	PHOENIX AZ	44 CITY ST ZIP		
TITLE	VAS	51 TITLE		☐ Change ☐ Addition
NAME	WHAMOND, DONALD A.	52 NAME		
STREET ADDRESS	2825 CARL BOULEVARD	53 STREET ADDRESS	200 N. Gary	
CITY ST ZIP	ELK GROVE VILLAGE IL	54 CITY ST ZIP	Roselle, IL 60172	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

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: Donald Whamond 5/15/95 (708) 307-2400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0107011 FF