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OFFICE OF THE
TALLAHASSEE, FLORIDA



PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandia B. Mortimer
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37745

(7)

1. Corporation Name

ADVANCE DIAL COMPANY

Principal Place of Business

940 INDUSTRIAL DR.
ELMHURST IL 60126

Mailing Address

940 INDUSTRIAL DR.
ELMHURST IL 60126

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 of the person who is authorized to sign this report

Signature of the person who is authorized to sign this report

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	DELETE
NAME	BACH, DUANE	
STREET ADDRESS	803 N CHURCH ST	
CITY-STATE-ZIP	ROCKFORD IL	
TITLE	D	DELETE
NAME	ANDERSEN, JOHN	
STREET ADDRESS	803 N CHURCH ST	
CITY-STATE-ZIP	ROCKFORD IL	
TITLE	P	DELETE
NAME	HONSIK, KEN	
STREET ADDRESS	940 INDUSTRIAL DR.	
CITY-STATE-ZIP	ELMHURST IL	
TITLE	V	DELETE
NAME	SOLECKI, GREG	
STREET ADDRESS	940 INDUSTRIAL DR.	
CITY-STATE-ZIP	ELMHURST IL	
TITLE	T	DELETE
NAME	JAMES, CHRISTOPHER	
STREET ADDRESS	940 INDUSTRIAL DR.	
CITY-STATE-ZIP	ELMHURST IL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	Change	Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-STATE-ZIP		
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Printed

CR2E034 (12/95)