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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P37838 (0)
1. Corporation Name
MQS INSPECTION, INC.



Principal Place of Business: 800 JORIE BOULEVARD OAK BROOK IL 60522-7001
Mailing Address: 800 JORIE BOULEVARD OAK BROOK IL 60521-2216

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	2301 ARTHUR AVENUE	26	2301 ARTHUR AVENUE	03/10/1992	05/01/1996
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4. FEI Number	Applied For
23	City & State	28	City & State	36-3805594	Not Applicable
24	Zip	29	Zip	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25	Country	30	Country	<input type="checkbox"/>	\$5.00 May Be Added to Fees
24	60007	29	60007	6. Election Campaign Financing Trust Fund Contribution	
25	USA	30	USA	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				<input type="checkbox"/> Yes <input type="checkbox"/> No	

81. Name		10. Name and Address of New Registered Agent	
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: *No change* (NOTE: Registered Agent signature required when reinstating.) DATE:

12. OFFICERS AND DIRECTORS		
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	AKRAFT, SCOTT	
STREET ADDRESS	305 WILD BERRY LN.	
CITY-ST-ZIP	BARTLETT IL 60103	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TOEKBER, C.C.	
STREET ADDRESS	418 EDGEWOOD	
CITY-ST-ZIP	RIVER FOREST IL 60305	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FALON, R C	
STREET ADDRESS	575 SIGNAL HILL RD	
CITY-ST-ZIP	NO. BARRINGTON IL 60010	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BAILEY, J J	
STREET ADDRESS	600 ENGEL BLVD.	
CITY-ST-ZIP	PARK RIDGE IL 60068	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHERWIN, M F	
STREET ADDRESS	700 PERRIE DR, APT. 413	
CITY-ST-ZIP	ELK GROVE VILLAGE IL 60007	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCCABE, J S	
STREET ADDRESS	9 BAILEY RD	
CITY-ST-ZIP	NAPERVILLE IL 60565	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ROBERT FX FUSARO	
1.3 STREET ADDRESS	8 REBEL ROAD	
1.4 CITY-ST-ZIP	WESTPORT, CT 06890	
2.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT A BASSETT	
2.3 STREET ADDRESS	10 MONITOR HILL ROAD	
2.4 CITY-ST-ZIP	NEWTOWN, CT 06470	
3.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RODNEY REINHOLDT	
3.3 STREET ADDRESS	2335 N WESTWOOD LANE	
3.4 CITY-ST-ZIP	PALATINE, IL 60074	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	JAMES S SAWYER	
6.3 STREET ADDRESS	10 BEN COURT	
6.4 CITY-ST-ZIP	OLD GREENWICH, CT 06870	

14. I do 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.

SIGNATURE: *[Handwritten Signature]*

CR2E034 (9/96)