

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P39397** (5)
1. Corporation Name
UNISON CONSULTING GROUP, INC.



Principal Place of Business 409 W HURON SUITE 400 CHICAGO IL 60610-3401 US	Mailing Address 409 W HURON SUITE 400 CHICAGO IL 60610-3401 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1992	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 36-3648595		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent HAMPTON, MARGUERITE 2531 GOLFVIEW DRIVE FT. LAUDERDALE FL 33327		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 *Marguerite Hampton* **Marguerite Hampton** **April 30, 1998**
Signature of officer or joint and several name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRAKE, ANTHONY Q	1.2 NAME	Elvin Charity
STREET ADDRESS	409 W HURON #400	1.3 STREET ADDRESS	20 N. Clark - Suite 700
CITY-ST-ZIP	CHICAGO IL 60610	1.4 CITY-ST-ZIP	Chicago, IL 60602
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BYRD, JUDITH	2.2 NAME	Lyle Logan
STREET ADDRESS	409 W HURON #400	2.3 STREET ADDRESS	231 S. LaSalle Street
CITY-ST-ZIP	CHICAGO IL 60610	2.4 CITY-ST-ZIP	Chicago, Illinois 60697
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILLIAM, SHARON G	3.2 NAME	
STREET ADDRESS	409 W HURON #400	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBINSON, WAYNE	4.2 NAME	
STREET ADDRESS	222 NORTH LASALLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60607	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUZAR, SUSAN C	5.2 NAME	
STREET ADDRESS	20395 VIA TARRAGONA	5.3 STREET ADDRESS	
CITY-ST-ZIP	YOEBIA LINDA CA	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Anthony Q. Drake* **Anthony Q. Drake, President** **4/30/97 (312) 988-3360**

CP2E034 (10/97)