

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Gandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 1:53

DOCUMENT # **P40726 (2)**

1. Corporation Name
ISI, INC.

Principal Place of Business
**1050 NORTH NATIONAL PARKWAY
SCHAUMBURG IL 60173**

Mailing Address
**1050 NORTH NATIONAL PARKWAY
SCHAUMBURG IL 60173**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/18/1992** 3a. Date of Last Report **02/11/1994**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
36-3835339

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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP |
|-------|------------------------|--------------------------------|----------------------------|
| P | SCHNEIDER, JOEL | 1050 N. NATIONAL PKWY. | SCHAUMBURG IL 60173 |
| ST | WILKUS, RICHARD | 1050 N NATIONAL PKWY | SCHAUMBURG IL |
| D | FRIEDMAN, IRWIN | 1050 N NATIONAL PARKWAY | SCHAUMBURG IL |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| 1 | TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | Change | Addition |
|----|-------|-----------------------|------------------------------|-----------------------------|-------------------------------------|-------------------------------------|
| P | | RICHARD WILKUS | 1050 N. NATIONAL PKWY | SCHAUMBURG, IL 60173 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| ST | | KEVIN SIMPSON | 1050 N. NATIONAL PKWY | SCHAUMBURG, IL 60173 | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 110.07(3)(b), 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 receive the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/16/95 709-490-1155

DATE

PHONE NUMBER