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PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P40726

(2)

ISI, INC.

Principal Frace of Business

Mailing Address

1050 NORTH NATIONAL PARKWAY SCHAUMBURG IL 60173 1050 NORTH NATIONAL PARKWAY SCHAUMBURG IL 60173-4519

FILED Apr 25 1997 8:00am Secretary of State



					3. Date Incorporated or Qualified 09/18/1992	1	e of Last R 9/1996	epon
2. Principal Pl	ace of Business	2a. Mailing Address	-1	0	4. FEI Number		Ar	plied For
1 1051	PERIMOTEN DR	26 /05/ 801/ Suite, Apt. #, etc.	mETE	on Un	36-3835339		No	t Applicable
2 35//	ace d'Busriess Pérumeten Dr # etc 1776 200	27 SU172	200		5. Certificate of Status Desired		\$8.75 / Fee Re	Additional equired
		City & State	mBe		Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
ZID 601	73 25 Collinity	zip 29 60173	Count C	901C		Yes [No	. 199.032,
	9. Name and Address of Curren	it Registered Agent		.,	10. Name and Address of New Re	egistered A	gent	, <u></u>
	PRENTICE-HALL CORPORATION HAYS STREET	N SYSTEM INC.	8		ress (P.O. Box Number is Not Accepta	ble)	. ,	
SUIT	TE 105							
	AHASSEE FL 32301		8	3				
			B	4 City		FL	85 Zip	Code
agent Lar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the obligation of registered agents of registered agents.	ations of, Section 607.0505, Fl	lorida Statuti	es. 	tion's board of directors. I hereby acce	pt the appo	outroent as	registered
2.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFI	CERS AND	DIRECTOR	S IN 12
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To recease year man the information supplied with this ming does not quality for the examption stated in decided in this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the regiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block As it changed, or on adjuttachment with an address.

SIGNATURE

DIRE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CUS Date 7 807-995-000; Dayline Plione #