

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.**  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0115419

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

FILED  
 APR 28 PM 5:55  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # P40726**

**(2)**

1. Corporation Name  
**ISI, INC.**



**REINSTATEMENT**

*00 98-99*

Principal Place of Business

Mailing Address

**1061 PERIMETER DR.  
 STE. 200  
 SCHAUMBURG IL 60173  
 US**

**1061 PERIMETER DR.  
 STE. 200  
 SCHAUMBURG IL 60173  
 US**

3. Date Incorporated or Qualified

**09/18/1992**

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 owes or has paid the current year intangible Personal Property Tax due June 30

Yes  No

10. Name and Address of New Registered Agent

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, 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

**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

300002868859  
 -05/10/99-01007-011  
 \*\*\*\*90000 851 24300.00  
**FL**

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 *Richard A. Skipper*

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent is not required when re-registering)

DATE

*2-9-99*

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** [ ] DELETE

11 TITLE [X] Change [ ] Addition

NAME **RICHARD WILKNS**  
 STREET ADDRESS **1050 N NATIONAL PKWY**  
 CITY-ST-ZIP **SCHAUMBURG IL**

12 NAME **Richard Wilkus**  
 13 STREET ADDRESS **1051 Perimeter Drive #200**  
 14 CITY-ST-ZIP **Schaumburg IL 60173**

TITLE **ST** [ ] DELETE

21 TITLE [X] Change [ ] Addition

NAME **KEVIN SIMPSON**  
 STREET ADDRESS **1050 NATIONAL PKWY**  
 CITY-ST-ZIP **SCHAUMBURG IL**

22 NAME **1051 Perimeter Drive #200**  
 23 STREET ADDRESS **Schaumburg IL 60173**

TITLE **D** [ ] DELETE

31 TITLE [X] Change [ ] Addition

NAME **FRIEDMAN, IRWIN**  
 STREET ADDRESS **1050 N NATIONAL PARKWAY**  
 CITY-ST-ZIP **SCHAUMBURG IL**

32 NAME **1051 Perimeter Drive #200**  
 33 STREET ADDRESS **Schaumburg IL 60173**

TITLE [ ] DELETE

41 TITLE [ ] Change [ ] Addition

NAME [ ] DELETE

42 NAME [ ] Change [ ] Addition

STREET ADDRESS [ ] DELETE

43 STREET ADDRESS [ ] Change [ ] Addition

CITY-ST-ZIP [ ] DELETE

44 CITY-ST-ZIP [ ] Change [ ] Addition

TITLE [ ] DELETE

51 TITLE [ ] Change [ ] Addition

NAME [ ] DELETE

52 NAME [ ] Change [ ] Addition

STREET ADDRESS [ ] DELETE

53 STREET ADDRESS [ ] Change [ ] Addition

CITY-ST-ZIP [ ] DELETE

54 CITY-ST-ZIP [ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(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 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:

*Richard Wilkus*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(847) 995-0002

CR2E034 (5/98)