

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P40726	
1. Entity Name ISI, INC.	
Principal Place of Business 1051 PERMETER DR. STE. 200 SCHAUMBURG, IL 60173 US	Mailing Address 1051 PERIMETER DR. STE. 200 SCHAUMBURG, IL 60173 US



04262004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3835339	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

U000000140864
04/23/04-80180-005 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RICHARD WILKNS 1051 PERMETER DR. #200 SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, IRWIN 1051 PERMETER DR. #200 SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRIEDMAN, MARK 1051 PERIMERE DR #200 SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOCTOR, DAN 1051 PERIMERTER DR #200 SCHAUMBURG, IL 60173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAN HOCTOR 4/23/04 847-995-0002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #