

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

FILED

Apr 14 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P40961

(5)

1. Corporation Name  
COPE SYSTEMS INC.

Principal Place of Business  
2425 EAST MEDINA ROAD  
TUCSON AZ 85706-7097

Mailing Address  
2425 EAST MEDINA ROAD  
TUCSON AZ 85706-7019



3. Date Incorporated or Qualified 10/15/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3217302	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
---	--

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> DELETE
NAME	CARROLL, D. H.	
STREET ADDRESS	2345 WAUKEGAN ROAD	
CITY - ST - ZIP	BANNOCKBURN IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CORMINO, JOHN P.	
STREET ADDRESS	2345 WAUKEGAN ROAD	
CITY - ST - ZIP	BANNOCKBURN IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAAS, JOSEPH S.	
STREET ADDRESS	2345 WAUKEGAN ROAD	
CITY - ST - ZIP	BANNOCKBURN IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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: \_\_\_\_\_ SIGNATURE REQUIRED 4/7/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: #

CR2E034 (9/96)

**COPE Systems Inc.**  
**1997**  
**OFFICERS & DIRECTORS LIST**

**TERM EXPIRATION:** (Annual Meeting Date:4th Tuesday in June)

**NAME & S.S.#**

**BUSINESS ADDRESS**

**OFFICERS:**

David Harcourt, President  
336-66-7066

2425 E. Medina Rd.  
Tuscon, AZ 85706

D. H. Carroll, Vice President  
350-30-7070

2345 N. Waukegan Rd. Ste. S-200  
Bannockburn, IL 60015

James N. Bateman, Vice President  
181-34-5281

2345 N. Waukegan Rd. Ste. S-200  
Bannockburn, IL 60015

Joseph S. Haas, Vice President  
332-44-5310

2345 N. Waukegan Rd. Ste. S-200  
Bannockburn, IL 60015

Gregory K. Larson, V. P. Finance & Treasurer  
526-43-8847

2425 E. Medina Rd.  
Tuscon, AZ 85706

John P. Corvino, Secretary  
320-52-4720

2345 N. Waukegan Rd. Ste. S-200  
Bannockburn, IL 60015

Ken Marcus, Controller  
527-21-1752

2425 E. Medina Rd.  
Tuscon, AZ 85706

**DIRECTORS:**

D. H. Carroll  
See above

See above

Joseph S. Haas  
See above

See above