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

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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 # **P41108** **(2)**

1. Corporation Name
VAC-CON, INC.

Principal Place of Business	Mailing Address
P.O.BOX F GREEN COVE SPRINGS FL 32043-1662 US	2345 WAUKEGAN RD SUITE S-200 BANNOCKBURN IL 60015-1579 US

3. Date Incorporated or Qualified: **10/22/1992**
3a. Date of Last Report: **05/01/1996**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **36-3846929** ☐ 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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	**P** ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	**LESAGE, DARRELL**	1.2 NAME	
STREET ADDRESS	**969 HALL PARK DRIVE**	1.3 STREET ADDRESS	
CITY-ST-ZIP	**GREEN COVE SPRING FL**	1.4 CITY-ST-ZIP	
TITLE	**VD** ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	**CARROLL, D. H.**	2.2 NAME	
STREET ADDRESS	**2345 WAUKEGAN ROAD**	2.3 STREET ADDRESS	
CITY-ST-ZIP	**BANNOCKBURN IL**	2.4 CITY-ST-ZIP	
TITLE	**S** ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	**CORVINO, JOHN P.**	3.2 NAME	
STREET ADDRESS	**2345 WAUKEGAN ROAD**	3.3 STREET ADDRESS	
CITY-ST-ZIP	**BANNOCKBURN IL**	3.4 CITY-ST-ZIP	
TITLE	**VPDT** ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	**HAAS, JOSEPH S.**	4.2 NAME	
STREET ADDRESS	**2345 WAUKEGAN ROAD**	4.3 STREET ADDRESS	
CITY-ST-ZIP	**BANNOCKBURN IL**	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: T&K _____ 4/2/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0481308

VAC-CON, Inc.
1997
OFFICERS & DIRECTORS LIST

TERM EXPIRATION: (Annual Meeting Date:3rd Monday in April)

NAME & S.S.#	BUSINESS ADDRESS
OFFICERS:	
Darrell LeSage, President 351-44-6738	969 Hall Park Drive Green Cove Springs, FL 56370
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, V. P. & Treasurer 332-44-5310	2345 N. Waukegan Rd. Ste. S-200 Bannockburn, IL 60045
John P. Corvino, Secretary 320-52-4720	2345 N. Waukegan Rd. Ste. S-200 Bannockburn, IL 60015
Julie Walker, Asst. Secretary 323-54-3045	969 Hall Park Drive Green Cove Springs, FL 56370
Richard F. Mabery, Controller & Asst. Treasurer 363-44-2716	969 Hall Park Drive Green Cove Springs, FL 56370
DIRECTORS:	
D. H. Carroll See above	See above
Joseph S. Haas See above	See above