2/23/98 6-2395-1 FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

1. Corporation Name

P92000014713 (1)

FILED Feb 23 1998 8:00am Secretary of State

TEDWARE, INC. Principal Place of Business Mailing Address 910 COOPER DR 910 COOPER DR. PALATIVE IL 60067 PALATINE IL 60067 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/21/1992 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address 59-3157357 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees Trust Fund Contribution 23 Country 8. This corporation owes or has paid the current year Intangible Zip Country Zip Personal Property Tax due June 30. ☐ Yes 24 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LANFORD, J S 3125 W NEW HAVEN Street Address (P.O. Box Number Is Not Acceptable) **STE 200 MELBOURNE FL 32904** 83 Zip Code 84 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) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change **Addition** PTSD DELETE 1.1 TITLE TITLE LATONIK, ALICE P. LATONIK, THEODORE J III NAME 1.2 NAME 910 COOPER DRIVE 6117 JOSEPH GT 1.3 STREET ADDRESS STREET ADDRESS PALATINE IL MELBOURNE, FL 32940 1.4 CITY-ST-ZIP CiTY-ST-ZIP Change ☐ Addition DELETE 21 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETÉ Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - 2(P CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME . 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition __ DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. 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 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 of the receiver or thistee 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 in an attachment with an address.