

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

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90025 013 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P92000014713**

1. Corporation Name  
**TEDWARE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**910 COOPER DR.  
 PALATINE IL 60067**

Mailing Address  
**910 COOPER DR  
 PALATINE IL 60067  
 US**

3. Date Incorporated or Qualified  
**12/21/1992**

4. FEI Number  
**59-3157357**

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 the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
**21 668 E. NW HWY**

2a. Mailing Address  
**26 668 E. NW HWY**

22 **SUITE 1**

27 **SUITE 1**

23 **PALATINE IL**

28 **PALATINE, IL**

24 **60067** 25 **USA**

29 **60067** 30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LANFORD, J S  
 3125 W NEW HAVEN  
 STE 200  
 MELBOURNE FL 32904**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **V**  DELETE  
 NAME **LATONIK, ALICE P**  
 STREET ADDRESS **6187 JOSEPH CT**  
 CITY-ST-ZIP **MELBOURNE FL 32940**

1.1 TITLE **S**  Change  Addition  
 1.2 NAME **LATONIK, ALICE P**  
 1.3 STREET ADDRESS **6187 JOSEPH CT**  
 1.4 CITY-ST-ZIP **MELBOURNE, FL 32940**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

2.1 TITLE **P**  Change  Addition  
 2.2 NAME **LATONIK, THEODORE J**  
 2.3 STREET ADDRESS **910 E. COOPER DR**  
 2.4 CITY-ST-ZIP **PALATINE, IL 60067**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

3.1 TITLE **V**  Change  Addition  
 3.2 NAME **GRAU, ALAN**  
 3.3 STREET ADDRESS **4543 49th ST**  
 3.4 CITY-ST-ZIP **DES MOINES, IA 50310**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

4.1 TITLE  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

5.1 TITLE  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 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 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, with all other like empowered.

SIGNATURE: **THEODORE J. LATONIK** 1/13/99 847-202-8041  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)