

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**
 Applied For
 Not Applicable

2. Principal Place of Business
21 668 E. NW HWY
 Suite, Apt. #, etc.
22 SUITE 1

2a. Mailing Address
26 668 E. NW HWY
 Suite, Apt. #, etc.
27 SUITE 1

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23 PALATINE IL
 Zip Country
24 60067 25 USA

City & State
28 PALATINE, IL
 Zip Country
29 60067 30 USA

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

9. Name and Address of Current Registered Agent

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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
V	LATONIK, ALICE P	6187 JOSEPH CT	MELBOURNE FL 32940	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
S	LATONIK, ALICE P	6187 JOSEPH CT	MELBOURNE, FL 32940	<input checked="" type="checkbox"/>	<input type="checkbox"/>
P	LATONIK, THEODORE J	910 E. COOPER DR	PALATINE, IL 60067	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	GRAU, ALAN	4543 49th ST	DES MOINES, IA 50310	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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)