


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

FILED

Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000018490 (0)**

1. Corporation Name
POLYMER SERVICES, INC.



Principal Place of Business 1265 NAPERVILLE DR ROMEIOVILLE IL 60446 US	Mailing Address 1265 NAPERVILLE DR ROMEIOVILLE IL 60446 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 03/07/1994	
4. FEI Number 65-0472223		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	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		9. Name and Address of Current Registered Agent ASHTON, JAMES P 12660 WORLD PLAZA LANE FORT MYERS FL 33907	

9. Name and Address of Current Registered Agent ASHTON, JAMES P 12660 WORLD PLAZA LANE FORT MYERS FL 33907		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2301 MAITLAND CENTER PARKWAY 83 SUITE 240 84 City MAITLAND FL 85 Zip Code 32751	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KOHUT, RONALD	1.2 NAME	
STREET ADDRESS	1265 NAPERVILLE DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ROMEIOVILLE IL	1.4 CITY-ST-ZIP	60446
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DER HAGOPIAN, DAVID J	2.2 NAME	
STREET ADDRESS	12660 WORLD PLAZA LANE	2.3 STREET ADDRESS	2301 MAITLAND CENTER PARKWAY SUITE 240
CITY-ST-ZIP	FORT MYERS FL 33907	2.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHUPLIS, W. JOHN	3.2 NAME	
STREET ADDRESS	12660 WORLD PLAZA LANE	3.3 STREET ADDRESS	2301 MAITLAND CENTER PARKWAY SUITE 240
CITY-ST-ZIP	FORT MYERS FL 33907	3.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASHTON, JAMES P	4.2 NAME	
STREET ADDRESS	12660 WORLD PLAZA LANE	4.3 STREET ADDRESS	2301 MAITLAND CENTER PARKWAY SUITE 240
CITY-ST-ZIP	FORT MYERS FL 33907	4.4 CITY-ST-ZIP	MAITLAND, FLORIDA 32751
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	2301 MAITLAND CENTER PARKWAY SUITE 240
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MAITLAND, FLORIDA 3
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Sandra B. Mortham* **RONALD KOHUT 3/3/98 630-759-5580**

CR2E034 (10/97)