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Apr 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000060993 016

1. Corporation Name
CELTIC, INC.



Principal Place of Business 502 N. ELMORE PARK RIDGE IL 60068	Mailing Address 502 N. ELMORE PARK RIDGE IL 60068
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 08/07/1995	4. FEI Number 36-4035565 Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
7. Additional Fee Required \$8.75		9. Additional Fee Required \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent O'MALLEY, JOHN E 1503-1 VANDERBILT GULFSIDE, 10851 GULF SHORE DR. NAPLES FL 33963	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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

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	1.1 TITLE	1.2 NAME
STREET ADDRESS	502 N ELMORE	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
CITY-ST-ZIP	PARK RIDGE IL	2.1 TITLE	2.2 NAME
TITLE	VPD	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
NAME	DONNELL, DAVE	3.1 TITLE	3.2 NAME
STREET ADDRESS	10332 S LAMON	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
CITY-ST-ZIP	OAK LAWN IL	4.1 TITLE	4.2 NAME
TITLE	VPD	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
NAME	MURPHY, WILLIAM J	5.1 TITLE	5.2 NAME
STREET ADDRESS	117 W WASHINGTON BLVD	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
CITY-ST-ZIP	LOMBARD IL	6.1 TITLE	6.2 NAME
TITLE	VPD	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
NAME	ISAACS, ROBERT		
STREET ADDRESS	9620 S RUTHERFORD		
CITY-ST-ZIP	OAK LAWN IL		
TITLE	VPD		
NAME	HUAGHEY, JAMES		
STREET ADDRESS	6807 N CALDWELL		
CITY-ST-ZIP	CHICAGO IL		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(5)(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 507, 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:

John E. O'Malley
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-99

Date

847-823-6037

Daytime Phone #

CR2E034(1/1/98)