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

Mailing Address 101 W GRAND AVE

CHICAGO IL 60610

2a. Mailing Address

STE 200

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000031872**1. Corporation Name

Principal Place of Business

2. Principal Place of Business

101 W GRAND AVE STE 200

CHICAGO IL 60610

TRIPOINT SYSTEMS DEVELOPMENT CORP.

Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 27 City & State Country Country Country Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be Added to Fees Added to Fees	21				26						65-0760037		Not	Applicable	
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9. Name and Address of Curront Registered Agent 9. Name and Address of Curront Registered Agent 10. Name and Address of New Registered Agent 11. Pursuant to the provisions of Sections 607 0502 and 607.1508, Flonds 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 Florids. Such change was authorized by the corporation's board of directors. In return the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. In return the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. In return the purpose of changing its registered office or registered agent, or both, in the State of Florids. Such change was authorized by the corporation's board of directors. In return the purpose of changing its registered directors agent. In familiar with, and accept the obligations of, Section 607.6052, Florids Statuties. 11. Pursuant to the provisions of Section 607.6052, Florids Statuties. 12. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. TITLE 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. TITLE 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. TITLE 19. Change Addition 19. TITLE 10. TITLE	23									_	Trust Fund Contribution		Added to	Fees	
9. Name and Address of Curront Registered Agent WILLIG, DAVID S 141 NE 3RD AVE, 10TH FLOOR MIAMI FL 33132 82 Street Address (P.O. Box Number is Not Acceptable) 14 City FL 85 Zip Code 15 Street Address (P.O. Box Number is Not Acceptable) 16 City FL 85 Zip Code 17 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 agent. I am findilize with, and accept the obligations of Sections 607,0502 and 607 1508. Florida Statutes the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am findilize with, and accept the obligations of Sections 607,0505. Florida Statutes. SIGNATURE 17 OFFICERS AND DIRECTORS 18 DELETE 19 DELETE 19 DELETE 19 DELETE 21 TIME 22 AMBERANO, M 3543 N FREEMONT, APT 3 23 STREET ADDRESS CITY-97-2P TITLE VP 24 CITY ST-2P TITLE VP 25 CARTER, S 26 CHICAGO IL 60657 26 CHICAGO IL 60657 27 ST-2P TITLE 28 CHICAGO IL 60657 29 CHICAGO IL 60657 20 DELETE 21 TIME 21 STREET ADDRESS CITY-97-2P TITLE 24 COTY-97-2P TITLE 35 STREET ADDRESS CITY-97-2P TITLE 25 CHICAGO IL 60657 26 CHICAGO IL 60657 27 STREET ADDRESS CITY-97-2P TITLE 26 Change Addition ANAME 36 STREET ADDRESS CITY-97-2P TITLE 37 STREET ADDRESS CITY-97-2P TITLE 40 Change Addition ACCION-97-2P TITLE 41 TITLE 42 TITLE 44 CITY-97-2P Change Addition ACCION-97-2P TITLE 45 TITLE 45 TITLE 45 TITLE 46 Change Addition ACCION-97-2P TITLE 45		Zip									* ** *	rent year Inta		□No.	
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WILLIG, DAVID S 141 NE 3RD AVE., 10TH FLOOR MAMI FL 33132 42 Street Address (P.O. Box Number is Not Acceptable) 43 B3 44 City	Name and Address of Current Registered Agent								Name		10. Name and Address of New	Registered P	raeur		
141 NE 3RD AVE., 10TH FLOOR 182 Street Address (P.O. Box Number is Not Acceptable) 183 184 City FL 185 Zip Code 194 City FL 185 Zip Code 194 City FL 185 Zip Code 194 City FL 195 Zip Code 194 Zip Code 194 Zip Code 194 Zip Code 294 Zip C	WILLIG DAVID S								<u></u>						
MAMI FL 33132 B4 City FL 85 Zip Code	•							82 Street Address (P.O. Box Number is Not Acceptable)							
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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 proceiver 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:

312.222.9494.

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90084 046 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

04/08/1997 4. FEI Number