FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V29015 (7)

1. Corporation Name

CSI OF ILLINOIS, INC.

Principal Place of Business

2635 N. SHEFFIELD AVE.
SUITE 104
CHICAGO IL 33316
US

Mailing Address

515 E. LAS OLAS BLVD.
SUITE 1600
FT LAUDERDALE FL 33301
US

3. Date Incorporated or Qualified: 04/16/1992

3a. Date of Last Report: 05/01/1995

4. FEI Number: 65-0337061 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BEILLY, BRADFORD J
790 E. BROWARD BLVD.
SUITE 200
FT LAUDERDALE FL 33301

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 ______ DATE ______
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	REITER, WILLIAM M	
STREET ADDRESS	515 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DS	☒ DELETE
NAME	REITER, MARVIN L	
STREET ADDRESS	515 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DV	☐ DELETE
NAME	CIMOCH, PAUL J	
STREET ADDRESS	515 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE	DVT	XX DELETE
NAME	KIRCHENBAUM, DAVID W.	
STREET ADDRESS	515 E. LAS OLAS BLVD.	
CITY-ST-ZIP	FT LAUDERDALE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE VPS	BEILLY, BRADFORD J.	☒ Change ☐ Addition
2.2 NAME	515 E. Las Olas Boulevard, Suite 1600	
2.3 STREET ADDRESS	Ft. Lauderdale, FL 33301	
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	XX Change ☐ Addition
4.2 NAME	W. DOUGLAS KAHN	
4.3 STREET ADDRESS	515 E. Las Olas Boulevard	
4.4 CITY-ST-ZIP	Ft. Lauderdale, FL	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS	000001915210 -08/07/96--01046--001 ***2796.25	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: ______
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)