


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

FILED

**Feb 10, 1999 8:00am
Secretary of State**

02-10-1999 90043 024 ****150.00



PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000004181

1. Corporation Name
TT TECHNOLOGIES, INC.

Principal Place of Business 2020 E NEW YORK AURORA IL 60504 US	Mailing Address 2020 E. NEW YORK ST. AURORA IL 60504 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip Country	Zip Country
24	29
25	30

3. Date Incorporated or Qualified 08/29/1995	
4. FEI Number 36-3755870	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BRAHLER, C. J. JR.
3701 NE 36TH AVE., STE C
OCALA FL 34479**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: *C. J. Brahlere* **PRECISEO** DATE: **1/19/99**

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

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	SCHMIDT, CAROLA	
STREET ADDRESS	2020 E NEW YORK ST	
CITY-ST-ZIP	AURORA IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BRAHLER, C. J. JR	
STREET ADDRESS	2020 E NEW YORK ST	
CITY-ST-ZIP	AURORA IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HOLCOMB, DAVID	
STREET ADDRESS	2020 E NEW YORK ST	
CITY-ST-ZIP	AURORA IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BRAHLER, GENA	
STREET ADDRESS	2020 E NEW YORK	
CITY-ST-ZIP	AURORA IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	SCHMIDT, MARC	
STREET ADDRESS	2020 E NEW YORK	
CITY-ST-ZIP	AURORA IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: *C. J. Brahlere* **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE: **1/19/99** DAYTIME PHONE #: **630/851-8200**

CR2E034 (1/98)