

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

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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90019 029 ***150.00

05/11/99

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F98000005013

1. Corporation Name
VALUEPART, INCORPORATED



DO NOT WRITE IN THIS SPACE

Principal Place of Business
**1515 5TH AVE.
 MOLINE IL 61265**

Mailing Address
**1515 5TH AVE.
 MOLINE IL 61265**

3. Date Incorporated or Qualified
09/04/1998

2. Principal Place of Business
21 850 MILWAUKEE AVE

2a. Mailing Address
26 C/O DEERE & CO TAX DEPT

4. FEI Number
36-4203880

Suite, Apt. #, etc.
22 SUITE 207

Suite, Apt. #, etc.
27 ONE JOHN DEERE PLACE

5. Certificate of Status Desired **\$8.75** Additional Fee Required

City & State
23 VERNON HILLS IL

City & State
28 MOLINE IL

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

Zip Country
24 60061 25

Zip Country
29 61265-8098 30

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCK, BOB B	1.2 NAME	
STREET ADDRESS	1515 5TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MOLINE IL 61265	1.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURKETT, JERRY	2.2 NAME	STEFFEN, DARLENE
STREET ADDRESS	1515 5TH AVE.	2.3 STREET ADDRESS	850 MILWAUKEE AVE
CITY-ST-ZIP	MOLINE IL 61265	2.4 CITY-ST-ZIP	VERNON HILLS IL 60061
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VADJA, NIKOLA	3.2 NAME	
STREET ADDRESS	1340 W. ARDMORE AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ITASCA IL 60143	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACKARD, ALAN	4.2 NAME	PACKARD, ALAN
STREET ADDRESS	JOHN DEERE ROAD	4.3 STREET ADDRESS	ONE JOHN DEERE PLACE
CITY-ST-ZIP	MOLINE IL 61265	4.4 CITY-ST-ZIP	MOLINE IL 61265
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	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: Alan Packard **ALAN PACKARD**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 **4/15/99**
 Date Daytime Phone #

CR2E034 (11/98)

F98000005013
475716 July 1998 90019-27

VALUEPART, INCORPORATED
CORPORATE OFFICERS

<u>Chairman and President</u>	<u>SSN</u>	<u>Business Address</u>
Bob B. Brock	456-86-1250	1515-5 th Avenue, Moline, IL 61201
<u>Vice President</u>		
Nikola Vajda	N/A	
<u>Treasurer</u>		
Alan Packard	481-74-8190	One John Deere Place, Moline, IL 61201
<u>Secretary</u>		
Darlene Steffen	041-52-2524	850 Milwaukee Ave., Vernon Hills, IL 60061