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

**PROFIT CORPORATION ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # P33069

(6)

DATA C	enter design and deve	ELOPMENT CORPORATI	ON			
Principal Place of Business  830 NORTH COURT		Mailing Address 630 NORTH COURT			BI))	
PALATINE IL 60067 PALATINE IL 60067-8122						
***					3. Date Incorporated or Qualified 03/04/1991	3a. Date of Last Report 03/01/1996
2. Principal Place of Business		2a. Mailing Address			4. FEI Number	Applied For
21		26			36-3155891	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Added to Fees	
Zip	Country	Zip	Country		8. This corporation has liability for int	
24	25 25 Curro		30	-,	Florida Statutes  10. Name and Address of New Regi	Yes X No
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM				Name	to. Name and Address of New Regi	stered Agent
	) S. PINE ISLAND ROAD		82		Mary (0 0 5 No. 1)	<del></del>
	NTATION FL 33324		82	Street	Address (P.O. Box Number is Not Acceptable	,
			83			
4			84	City		85 Zip Code
11 Dureuani	to the provisions of Soctions CO7 050	12 and 607 1509 Florida Statute	s the above	- nomod	perpendion cultivite this statement for the pur	FL   S   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	in rannisar with, and accept the oblig	ations or, Section 607.0505, Flor	ida Siaidies	•		
	Signature, typed or printed name of registered age			nt signature	required when reinstating)	DATE
12.	OFFICERS AN	OFFICERS AND DIRECTORS 13		·Т	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12  Change Addition
NAME	MALAGA MALLADAA		1.1 TITLE 1.2 NAME		D DARREN DEGUARD I	CI CHAILGE CX MUDICION
STREET ADDRESS	23338 MALLARD COURT		1.3 STREET ADDRESS		RARDIN, RICHARD J. 1600 McKOOL AVENUE	
CITY-ST-ZIP	BARRINGTON IL				STREAMWOOD, IL 60107	
TITLE			21 THUE		-DIMINUTE	Change Addition
NAME			2.2 NAME	1		
STREET ADDRESS	14 THORNFIELD LANE		2.3 STREET			
CITY-ST-ZIP TITLE	HAWTHORN WOODS IL		2. 4 CITY - S 3.1 IIILE	1- 7IP		Change Addition
NAME	BOADO, SHEILA T.	[_] OLLLIC	3.2 NAME			ET ouguine ET virtuition
STREET ADDRESS	23338 MALLARD COURT		3.3 STREET	ADDRESS		
CITY-ST-ZIP	DARRIMOTON II		3 4. DHY-S			
TITLE			4.1 TITLE	1		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP	*	Driete	4.4 C(1Y - S)	I - ZIP		Channe T 1222
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME Street address			5.2 NAME 5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.3 STREET	- 1		
TITLE		DELETE 6.11				Change Addition
NAME	450		6.2 NAME	l		
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP			6.4 C(1)Y - S1	1- ZIP		

14. I do 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 trusted 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:

APRIL 10 1997 847-705-1900

**FILED** 

Apr 21 1997 8:00am Secretary of State