

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

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90124 009 \*\*\*158.75

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P33069

1. Corporation Name  
**DATA CENTER DESIGN AND DEVELOPMENT CORPORATION**



Principal Place of Business Mailing Address  
 630 NORTH COURT 630 NORTH COURT  
 PALATINE IL 60067 PALATINE IL 60067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/04/1991**

4. FEI Number **36-3155891** Applied For  Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	CPD	<input type="checkbox"/> DELETE
NAME	BOADO, EDUARDO	
STREET ADDRESS	23338 MALLARD COURT	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MCGRATH, DANIEL J.	
STREET ADDRESS	14 THORNFIELD LANE	
CITY-ST-ZIP	HAWTHORN WOODS IL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BOADO, SHEILA T.	
STREET ADDRESS	23338 MALLARD COURT	
CITY-ST-ZIP	BARRINGTON IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RARDIN, RICHARD J	
STREET ADDRESS	1600 MCKOOL AVE	
CITY-ST-ZIP	STREAMWOOD IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	NOESGES, RAYMOND	
1.3 STREET ADDRESS	622 RED HILL TRAIL-1B	
1.4 CITY-ST-ZIP	CAROL STREAM-IL-60188	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KURCHINA, WAYNE J.	
2.3 STREET ADDRESS	4104 W. LAKE SHORE DR.	
2.4 CITY-ST-ZIP	WONDER LAKE-IL-60097	
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: *[Signature]* **SIGNATURE REQUESTED** 4-27-99 847-705-1900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)