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FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



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

DOCUMENT # P35350 (8)
 1. Corporation Name
ELECTRONIC SUPPORT SYSTEMS CORP.



Principal Place of Business Mailing Address
475 INDUSTRIAL DRIVE WEST CHICAGO IL 60185
475 INDUSTRIAL DRIVE WEST CHICAGO IL 60185-1891

3. Date Incorporated or Qualified **09/04/1991** 3a. Date of Last Report **07/25/1996**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	State, Apt. #, etc.	Suite, Apt. #, etc.	36-3350392	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS KUMAR, SHALABH	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	475 INDUSTRIAL DRIVE	1.2 NAME	
STREET ADDRESS	WEST CHICAGO IL	1.3 STREET ADDRESS	
CITY-ST-ZIP	CD	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	KUMAR, SHALABH	2.1 TITLE	
NAME	475 INDUSTRIAL DRIVE	2.2 NAME	
STREET ADDRESS	WEST CHICAGO IL	2.3 STREET ADDRESS	
CITY-ST-ZIP	AS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	JOSEPHSON, EDWIN J.	3.1 TITLE	
NAME	225 W WASHINGTON ST,1300	3.2 NAME	
STREET ADDRESS	CHICAGO IL	3.3 STREET ADDRESS	
CITY-ST-ZIP	AS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	KRADLE, KATHY	4.1 TITLE	
NAME	475 INDUSTRIAL PLACE	4.2 NAME	
STREET ADDRESS	WEST CHICAGO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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]* **REQUIRED** Date: **4/25/97** Daytime Phone #: **630-668-3900**

CR2E034 (9/96)