

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

FILED

**Feb 18 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P35350 (8)

1. Corporation Name
ELECTRONIC SUPPORT SYSTEMS CORP.



Principal Place of Business 475 INDUSTRIAL DRIVE WEST CHICAGO IL 60185	Mailing Address 475 INDUSTRIAL DRIVE WEST CHICAGO IL 60185
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 343 ST. PAUL BLVD.	2a. Mailing Address 26 343 ST. PAUL BLVD.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State CAROL STREAM, IL	28 City & State CAROL STREAM, IL
24 Zip 60188	25 Country
29 Zip 60188	30 Country

3. Date Incorporated or Qualified 09/04/1991	
4. FEI Number 36-3350392	Applied For <input type="checkbox"/> Not Applicable
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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	PS	<input type="checkbox"/> DELETE
NAME	KUMAR, SHALABH	
STREET ADDRESS	475 INDUSTRIAL DRIVE	
CITY-ST-ZIP	WEST CHICAGO IL	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	KUMAR, SHALABH	
STREET ADDRESS	475 INDUSTRIAL DRIVE	
CITY-ST-ZIP	WEST CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	JOSEPHSON, EDWIN J.	
STREET ADDRESS	225 W WASHINGTON ST, 1300	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	KRADLE, KATHY	
STREET ADDRESS	475 INDUSTRIAL PLACE	
CITY-ST-ZIP	WEST CHICAGO FL	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	RANDY HORNER
1.3 STREET ADDRESS	343 ST. PAUL BLVD
1.4 CITY-ST-ZIP	CAROL STREAM, IL 60188
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.

SIGNATURE _____ DATE **1/18/98**

CPRE034 (10/97)

630-668-3900