

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P37745** (7)

1. Corporation Name
ADVANCE DIAL COMPANY

FILED
95 MAY 25 PM 1:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **940 INDUSTRIAL DR. ELMHURST IL 60126**
Mailing Address: **940 INDUSTRIAL DR. ELMHURST IL 60126**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		02/28/1992		03/15/1994	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 City & State		5. Certificate of Status Desired		Not Applicable	
24 Zip		29 Zip		6. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required	
25 Country		30 Country		7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes		\$5.00 May Be Added to Fees	
				Yes <input type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 S PINE ISLAND ROAD PLANTATION FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0503 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	C	1.1 TITLE	BACH, DUANE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLDEMAN, STEVE	1.2 NAME	803 N. CHURCH ST
STREET ADDRESS	803 N CHURCH ST	1.3 STREET ADDRESS	ROCKFORD IL
CITY-ST-ZIP	ROCKFORD IL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSEN, JOHN	2.2 NAME	
STREET ADDRESS	803 N CHURCH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HONSIK, KEN	3.2 NAME	
STREET ADDRESS	940 INDUSTRIAL DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ELMHURST IL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLECKI, GREG	4.2 NAME	
STREET ADDRESS	940 INDUSTRIAL DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELMHURST IL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES, CHRISTOPHER	5.2 NAME	
STREET ADDRESS	940 INDUSTRIAL DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ELMHURST IL	5.4 CITY-ST-ZIP	
TITLE		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: Christopher James CHRISTOPHER JAMES / CJO 1/18/95 702-993-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #