

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 017109 (0)

1. Corporation Name  
**THE CORPORATION COMPANY**



Principal Place of Business: 1200 S. PINE ISLAND RD. PLANTATION FL 33324 US  
Mailing Address: % C.T. CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

3. Date Incorporated or Qualified: 06/23/1925  
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip 25. Country  
2a. Mailing Address: 26. 2700 LAKE COOK RD  
27. Suite, Apt. #, etc.  
28. RIVERWOODS, IL  
29. Zip 30. Country

4. FEI Number: 51-0099484  
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 has liability for intangible tax under s 199.032, Florida Statutes: Yes 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 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: \_\_\_\_\_ DATE: \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	THORNE, OAKLEIGH B.	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	FINORA, JOSEPH J.	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STAATERMAN, ROBYN	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILONE, THERESA	
STREET ADDRESS	2700 LAKE COOK ROAD	
CITY-ST-ZIP	RIVERWOODS IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BOUTILIER, ANN	
STREET ADDRESS	1200 S. PINE ISLAND ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LYNCH, JOHN J	
STREET ADDRESS	1209 ORANGE STREET	
CITY-ST-ZIP	WILMINGTON DE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENNETH J. ASHLEY
2.3 STREET ADDRESS	2700 LAKE COOK RD
2.4 CITY-ST-ZIP	RIVERWOODS, IL 60015
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 checked="" type="checkbox"/> Addition
6.2 NAME	AT PETER F. HEALY
6.3 STREET ADDRESS	183 BRAINTRAE DR.
6.4 CITY-ST-ZIP	BLOOMINGDALE, IL 60108

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 119.07(3)(k), 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: Peter F. Healy 4/24/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)