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FILED
Jan 27 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 # 017109 (0)
1. Corporation Name
THE CORPORATION COMPANY



Principal Place of Business
1200 S. PINE ISLAND RD.
PLANTATION FL 33324
US

Mailing Address
2700 LAKE COOK RD
RIVERWOODS IS 60015-3867

3. Date Incorporated or Qualified 08/23/1925
3a. Date of Last Report 05/01/1996
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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
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	PD	<input checked="" 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	ASHLEY, KENNETH J	
STREET ADDRESS	2700 LAKE COOK RD	
CITY - ST - ZIP	RIVERWOODS IL 60015	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STAATERMAN, ROBYN	
STREET ADDRESS	1209 ORANGE STREET	
CITY - ST - ZIP	WILMINGTON DE	
TITLE	S	<input checked="" 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	AT	<input type="checkbox"/> DELETE
NAME	HEALY, PETER F	
STREET ADDRESS	183 BRAINTREE DR	
CITY - ST - ZIP	BLOOMINGDALE IL 60108	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETER VAN WEL	
1.3 STREET ADDRESS	2700 LAKE COOK ROAD	
1.4 CITY - ST - ZIP	RIVERWOODS, IL. 60015	
2.1 TITLE	TDSV	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRUCE C. LENZ	
2.3 STREET ADDRESS	2700 LAKE COOK ROAD	
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	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NANCY MCKINSTRY	
4.3 STREET ADDRESS	1633 BROADWAY	
4.4 CITY - ST - ZIP	NEW YORK, NY. 10019	
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 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: *Peter F. Healy* 01/10/97 847-267-7125
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PETER F. HEALY Date Daytime Phone #

CR2E034 (9/96)