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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 017109

1. Corporation Name
THE CORPORATION COMPANY



DO NOT WRITE IN THIS SPACE

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

Mailing Address
 2700 LAKE COOK RD
 RIVERWOODS IS 60015

3. Date Incorporated or Qualified
06/23/1925

4. FEI Number
51-0099484

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 owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent
CT 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

10. Name and Address of New Registered Agent

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 DELETE
 NAME **D VAN WEL, PETER**
 STREET ADDRESS **161 N. CLARK ST. 48TH FLOOR**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE DELETE
 NAME **VSTD LEAZ, BRUCE C**
 STREET ADDRESS **161 N. CLARK ST. 48TH FLOOR**
 CITY-ST-ZIP **CHICAGO IL 60601**

TITLE DELETE
 NAME **VP CARTWRIGHT, CHRISTOPHER**
 STREET ADDRESS **1633 BROADWAY**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE DELETE
 NAME **P MCKINSTRY, NANCY**
 STREET ADDRESS **1633 BROADWAY**
 CITY-ST-ZIP **NEW YORK NY 10019**

TITLE DELETE
 NAME **AS BOUTILIER, ANN**
 STREET ADDRESS **1200 S. PINE ISLAND ROAD**
 CITY-ST-ZIP **PLANTATION FL**

TITLE DELETE
 NAME **AT 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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME **LENZ, Bruce C.**
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE **AS** Change Addition
 5.2 NAME
 5.3 STREET ADDRESS **Gordon, Dale C.**
 5.4 CITY-ST-ZIP **161 N. Clark St., Ste. 4800**
Chicago, IL 60601

6.1 TITLE Change Addition
 6.2 NAME **AT**
 6.3 STREET ADDRESS **Healy, Peter F.**
 6.4 CITY-ST-ZIP **161 N. Clark St., Ste. 4800**
Chicago, IL 60601

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, with all other like empowered.

SIGNATURE: **Dale C. Gordon** 4-7-99 312-425-7000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)