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FILED
May 19 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 # 819598 (4)

1. Corporation Name
MIDAS REALTY CORPORATION



Principal Place of Business **Mailing Address**
225 N MICHIGAN AVE **225 N MICHIGAN AVE**
CHICAGO IL 60601 **CHICAGO IL 60601-7601**

3. Date Incorporated or Qualified **3a. Date of Last Report**
05/27/1966 **06/21/1996**

4. FEI Number **Applied For**
36-2545665 **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 **2a. Mailing Address**

21 **26**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **27**

City & State City & State

23 **28**

Zip Country Zip Country

24 **25** **29** **30**

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** **B5 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) **DATE**

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRANT, RICHARD W.	
STREET ADDRESS	225 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO, IL 0	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARCLAY, R LEE	
STREET ADDRESS	225 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO, IL 0	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SOERSEN, ROBERT H	
STREET ADDRESS	225 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, JOHN R	
STREET ADDRESS	225 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO, IL 0	
TITLE	V	<input type="checkbox"/> DELETE
NAME	REYNOLDS, TERRENCE E.	
STREET ADDRESS	225 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRELL, EDWIN A.	
STREET ADDRESS	225 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL	

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 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 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 included 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: *Robert H. Sorensen* **Robert H. Sorensen** **4-16-97** **312-565-7892**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)