

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 819598 (4)**

1. Corporation Name  
**MIDAS REALTY CORPORATION**



Principal Place of Business <b>225 N MICHIGAN AVE                  CHICAGO IL 60601</b>	Mailing Address <b>225 N MICHIGAN AVE                  CHICAGO IL 60601</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/27/1966</b>	
21		26		4. FEI Number <b>36-2545665</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country		Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

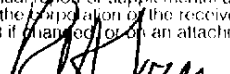
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>CT CORPORATION SYSTEM                  C/O CT CORPORATION SYSTEM                  1200 SOUTH PINE ISLAND RD.                  PLANTATION FL 33324</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				<b>FL</b> 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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP	1.1 TITLE	Director and Chairman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRANT, RICHARD W. <input checked="" type="checkbox"/> DELETE	1.2 NAME	Wendel H. Province
STREET ADDRESS	225 N MICHIGAN AVE	1.3 STREET ADDRESS	225 N. Michigan Avenue
CITY-ST-ZIP	CHICAGO, IL 0	1.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARCLAY, R LEE	2.2 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 0	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, ROBERT H	3.2 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHN R	4.2 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 0	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYNOLDS, TERENCE E.	5.2 NAME	
STREET ADDRESS	225 N MICHIGAN AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	VP and Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'RELL, EDWIN A.	6.2 NAME	Christian C. Pappas
STREET ADDRESS	225 N. MICHIGAN AVE.	6.3 STREET ADDRESS	225 N. Michigan Avenue
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	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 qualified for an attachment with an address.

SIGNATURE:  Robert H. Sorensen 4-24-98 312-565-7500

CP2E034 (10/97)