

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 # 832232 (3)
1. Corporation Name
ROBERTS & SCHAEFER COMPANY



Principal Place of Business: **120 S RIVERSIDE PLAZA CHICAGO IL 60606**
Mailing Address: **120 S RIVERSIDE PLAZA CHICAGO IL 60606**

3. Date Incorporated or Qualified: **04/23/1974**
3a. Date of Last Report: **04/26/1995**
4. FEI Number: **36-2734867**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
Suite, Apt. #, etc.
City & State
Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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	VST <input type="checkbox"/> DELETE	1. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRICE, DONAL W	12 NAME	
STREET ADDRESS	120 S. RIVERSIDE PLAZA	13 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	14 CITY - ST - ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2. 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, LLOYD R.	22 NAME	
STREET ADDRESS	120 S RIVERSIDE PLAZA	23 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	24 CITY - ST - ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	3. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNER, WAYNE J	32 NAME	
STREET ADDRESS	120 S. RIVERSIDE PLAZA	33 STREET ADDRESS	2001 BUTTERFIELD RD, SUITE 1020
CITY - ST - ZIP	CHICAGO IL	34 CITY - ST - ZIP	DOWNERS GROVE, IL 60515
TITLE	S <input type="checkbox"/> DELETE	4. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATORY, LYNN C.	42 NAME	
STREET ADDRESS	120 S. RIVERSIDE PLAZA	43 STREET ADDRESS	2001 BUTTERFIELD RD, SUITE 1020
CITY - ST - ZIP	CHICAGO IL	44 CITY - ST - ZIP	DOWNERS GROVE, IL 60515
TITLE	DV <input type="checkbox"/> DELETE	5. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHULTE, FRED C	52 NAME	
STREET ADDRESS	120 S RIVERSIDE PLAZA	53 STREET ADDRESS	2001 BUTTERFIELD RD, SUITE 1020
CITY - ST - ZIP	CHICAGO IL	54 CITY - ST - ZIP	DOWNERS GROVE, IL 60515
TITLE	VD <input type="checkbox"/> DELETE	6. 1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HALL, CHARLES D.	62 NAME	
STREET ADDRESS	120 S. RIVERSIDE PLAZA	63 STREET ADDRESS	2001 BUTTERFIELD RD, SUITE 1020
CITY - ST - ZIP	CHICAGO IL	64 CITY - ST - ZIP	DOWNERS GROVE, IL 60515

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: *Lynn C. Batory*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-96 708-434-7200
Date Daytime Phone #

CR2E034 (12/95)