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**May 06 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 # 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 60606-3913**

3. Date Incorporated or Qualified: **04/23/1974**
3a. Date of Last Report: **04/23/1996**
4. FEI Number: **36-2734867**
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
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VST	<input type="checkbox"/> DELETE
NAME	TRICE, DONAL W	
STREET ADDRESS	120 S. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	JOHNSON, LLOYD R.	
STREET ADDRESS	120 S RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	CONNER, WAYNE J	
STREET ADDRESS	2001 BUTTERFIELD ROAD, SUITE 1020	
CITY- ST- ZIP	DOWNERS GROVE IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	BATORY, LYNN C.	
STREET ADDRESS	2001 BUTTERFIELD ROAD, SUITE 1020	
CITY- ST- ZIP	DOWNERS GROVE IL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	SCHULTE, FRED C	
STREET ADDRESS	2001 BUTTERFIELD ROAD, SUITE 1020	
CITY- ST- ZIP	DOWNERS GROVE IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HALL, CHARLES D.	
STREET ADDRESS	2001 BUTTERFIELD ROAD, SUITE 1020	
CITY- ST- ZIP	DOWNERS GROVE 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 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* 4/23/97 630-434-7200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)