

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **837349** (0)

1. Corporation Name
GREENLAND VISTAS, INC.



Principal Place of Business: **C/O ANN M. SCHNEIDER, 2 N. RIVERSIDE PLAZA, CHICAGO IL 60606**
Mailing Address: **C/O ANN M. SCHNEIDER, 2 N. RIVERSIDE PLAZA, CHICAGO IL 60606**

3. Date Incorporated or Qualified: **11/09/1976**
3a. Date of Last Report: **03/13/1995**

2. Principal Place of Business (21-23) and Mailing Address (24-30) fields with sub-sections for Suite, Apt., etc., City & State, Zip, and Country.

4. FEI Number: **36-2892930**
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

9. Name and Address of Current Registered Agent: **THE PRENTICE-HALL CORPORATION SYSTEM, 1201 HAYES ST, STE 105, TALLAHASSEE FL 32301**
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), 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: _____ (INDICATE Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: VSD	NAME: ROSENBERG, SHELI Z(ASST)	1.1 TITLE: VD	NAME: Rosenberg, Sheli Z.
STREET ADDRESS: 2 N RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO, IL 00000	1.2 NAME: Rosenberg, Sheli Z.	1.3 STREET ADDRESS: 2 N. Riverside Plaza
		1.4 CITY-STATE-ZIP: Chicago, IL 60606	
TITLE: P	NAME: OBUSHOWSKI, SUSAN	2.1 TITLE:	NAME:
STREET ADDRESS: 2 N RIVERSIDE PLAZAS	CITY-STATE-ZIP: CHICAGO, IL 00000	2.2 NAME:	2.3 STREET ADDRESS:
		2.4 CITY-STATE-ZIP:	
TITLE: VTD	NAME: GREENBERG, ARTHUR	3.1 TITLE: VT	NAME: Greenberg, Arthur A.
STREET ADDRESS: 2 N RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO, IL 00000	3.2 NAME: Greenberg, Arthur A.	3.3 STREET ADDRESS: 2 N. Riverside Plaza
		3.4 CITY-STATE-ZIP: Chicago, IL 60606	
TITLE: S	NAME: SCHNEIDER, ANN	4.1 TITLE:	NAME:
STREET ADDRESS: 2 N RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO, IL 00000	4.2 NAME:	4.3 STREET ADDRESS:
		4.4 CITY-STATE-ZIP:	
TITLE: VP	NAME: LIEBENTRITT, DONALD	5.1 TITLE: VD	NAME: Liebentritt, Donald J.
STREET ADDRESS: 2 N RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO IL	5.2 NAME: Liebentritt, Donald J.	5.3 STREET ADDRESS: 2 N. Riverside Plaza
		5.4 CITY-STATE-ZIP: Chicago, IL 60606	
TITLE: VD	NAME: SPECTOR, GERALD	6.1 TITLE: D	NAME: Phipps, James M.
STREET ADDRESS: 2 N. RIVERSIDE PLAZA	CITY-STATE-ZIP: CHICAGO IL	6.2 NAME: Phipps, James M.	6.3 STREET ADDRESS: 2 N. Riverside Plaza
		6.4 CITY-STATE-ZIP: Chicago, IL 60606	

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: _____ DATE: **2/5/96** PHONE: **312-466-3607**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Ann M. Schneider, Secretary**

CR2E034 (12/95)