

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 # **F93000000506 (6)**

1. Corporation Name
ZM, INC. OF ILLINOIS



Principal Place of Business
**C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606
US**

Mailing Address
**C/O ANN M. SCHNEIDER
2 N. RIVERSIDE PLAZA
CHICAGO IL 60606
US**

3. Date Incorporated or Qualified **02/04/1993** 3a. Date of Last Report **03/13/1995**

4. FET Number **36-3558203** 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. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country

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 _____ DATE _____
Signature: typed or printed name of registered agent and the filing officer (NOTE: Registered Agent signature required with incorporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZELL, SAMUEL	12. NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	13. STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LIEBENTRITT, DONALD J	22. NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	23. STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	24. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VSD	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, SHEL Z	32. NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	33. STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	34. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTD	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREENBERG, ARTHUR A	42. NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	43. STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	44. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PHILLIPS, DONALD	52. NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	53. STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	54. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS	6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNEIDER, ANN M	62. NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	63. STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60606	64. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

1. TITLE	VD	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	Rosenberg, Sheli Z.	32. NAME	
3. STREET ADDRESS	2 N. Riverside Plaza	33. STREET ADDRESS	
4. CITY - ST - ZIP	Chicago, IL 60606	34. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. TITLE	VT	4. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	Greenberg, Arthur A.	42. NAME	
23. STREET ADDRESS	2 N. Riverside Plaza	43. STREET ADDRESS	
24. CITY - ST - ZIP	Chicago, IL 60606	44. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	VD	5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	Callahan, Tim	52. NAME	
33. STREET ADDRESS	2 N. Riverside Plaza	53. STREET ADDRESS	
34. CITY - ST - ZIP	Chicago, IL 60606	54. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	S	6. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME	Schneider, Ann M.	62. NAME	
63. STREET ADDRESS	2 N. Riverside Plaza	63. STREET ADDRESS	
64. CITY - ST - ZIP	Chicago, IL 60606	64. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/5/96 312-466-3607

CR2E034 (12/95)