

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

FILED

**Apr 15 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 # 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 60606-2600
US**

3. Date Incorporated or Qualified **02/04/1993** 3a. Date of Last Report **03/04/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 36-3558203	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Country	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. City	
84. State	FL
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ZELL, SAMUEL	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LIEBENTRITT, DONALD J	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL 60606	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ROSENBERG, SHEL Z	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GREENBERG, ARTHUR A	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PHILLIPS, DONALD	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO IL 60606	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHNEIDER, ANN M	
STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY- ST- ZIP	CHICAGO 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 checked="" type="checkbox"/> Addition
5.2 NAME	Callahan, Timothy H.
5.3 STREET ADDRESS	2 N. Riverside Plaza
5.4 CITY- ST- ZIP	Chicago, IL 60606
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: **Ann M. Schneider**
Secretary **4/4/97** 312-466-3607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ DATE _____ DAYTIME PHONE # _____

CR2E034 (9/96)