

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

1-2

DOCUMENT # **F93000002595 (7)**

1. Corporation Name
AMERI-FACT, INC.



Principal Place of Business: **4500 ROCKSIDE STE. #360 INDEPENDENCE OH 44131**
Mailing Address: **555 W. ADAMS TAX DEPT. -6 CHICAGO IL 60661**

3. Date Incorporated or Qualified 06/04/1993	3a. Date of Last Report 05/18/1995
4. FEI Number 63-1094320	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 4500 Rockside Road	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 Suite 200	27
City & State	City & State
23 Independence, OH	28
Zip	Zip
24 44131	29
Country	Country
25	30

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name: **The Prentice-Hall Corporation System, Inc.**
82 Street Address (P.O. Box Number is Not Acceptable):
1201 Hays Street
83 **Suite 105**
84 City: **Tallahassee** FL 85 Zip Code: **32301**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 date of signature. (NOTE: Registered Agent signature required when re-registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRITZKER, ROBERT A	1.2 NAME	
STREET ADDRESS	225 WEST WASHINGTON STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBILL, HARRY C	2.2 NAME	
STREET ADDRESS	555 WEST ADAMS STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60661-3601	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODGERS, W R	3.2 NAME	
STREET ADDRESS	555 WEST ADAMS STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60661-3601	3.4 CITY-ST-ZIP	
TITLE	VGM <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOOD, J C	4.2 NAME	
STREET ADDRESS	2119 FIRST AVENUE, NORTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	BIRMINGHAM AL 35203	4.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLUTH, R C	5.2 NAME	
STREET ADDRESS	225 WEST WASHINGTON STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, JOHN R	6.2 NAME	
STREET ADDRESS	5901-B PEACHTREE-DUNWOODY ROAD, SUITE 170	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328	6.4 CITY-ST-ZIP	

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: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **4-29-96** (312) 258-1717
Date: _____ (312) 258-1717

CR2E034 (12/95)

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Ameri-fact, Inc.
Officers and Directors

Name	Title	Address	Term Expiration
Harry Gambill	Director/ President	555 W. Adams St. Chicago, IL 60661	Upon Election of Successor
Robert A. Pritzker	Director	225 W. Washington St. Chicago, IL 60606	"
R.C. Gluth	Vice Pres./ Treasurer/ Director	225 W. Washington St. Chicago, IL 60606	"
David M. Emery	Vice Pres./ Controller	555 W. Adams Chicago, IL 60661	"
Robert W. Webb	Secretary	225 W. Washington St. Chicago, IL 60606	"
Oscar Marquis	Vice Pres./ Assistant Secretary/ General Counsel	555 W. Adams St. Chicago, IL 60661	"
Rick Lynch	Vice Pres.	760 W. Sproul Rd. Springfield, PA 19064	"
Bruce Marks	Vice Pres./ National Operations Director	4500 Rockside Road Suite 220 Independence, Ohio 44131	"
Craig Elzas	Vice Pres. of Sales, Western Region	789 Sherman Street Room #410 Denver, CO 80203	"
J.C. Wood	Vice Pres. of Sales, Eastern Region	10 Inverness Center Parkway Suite 210 Birmingham, AL 35242	"