NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 8/01/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $275)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 JUL 11 AM 10:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F94000001486 (9)**

1. Corporation Name
THE AUTO CONDUIT CORPORATION

Principal Place of Business	Mailing Address
111 E. WACKER DRIVE. SUITE 2900 CHICAGO IL 60601	111 E. WACKER DRIVE. SUITE 2900 CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report:

4. FEI Number: 36-3852675 ☐ 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	2a. Mailing Address
21 The Auto Conduit Corporation	26 The Auto Conduit Corporation
Suite, Apt. #, etc. 22 26 Th Floor	Suite, Apt. #, etc. 27 26 Th. Floor
City & State 23 Chicago Illinois	City & State 28 Chicago Illinois
Zip / Country 24 60606 / 25 Cook	Zip / Country 29 60606 / 30 Cook

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	ZITIN, GILBERT N	1.2 NAME		
STREET ADDRESS	111 E. WACKER DR., SUITE 2900	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601	1.4 CITY-ST-ZIP		
TITLE	VT	2.1 TITLE	AT	☒ Change ☐ Addition
NAME	LOY, JOHN	2.2 NAME	Charles Nelson	
STREET ADDRESS	111 E. WACKER DR., SUITE 2900	2.3 STREET ADDRESS	123 N. Wacker Drive	
CITY-ST-ZIP	CHICAGO IL 60601	2.4 CITY-ST-ZIP	Chicago Illinois 60606	
TITLE	VT	3.1 TITLE		☐ Change ☐ Addition
NAME	LUBOW, BURTON	3.2 NAME		
STREET ADDRESS	111 E. WACKER DR., SUITE 2900	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601	3.4 CITY-ST-ZIP		
TITLE	VS	4.1 TITLE		☐ Change ☐ Addition
NAME	SPARER, WILLIAM J	4.2 NAME		
STREET ADDRESS	123 N. WACKER DR., SUITE 2800	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP		
TITLE	ED	5.1 TITLE		☐ Change ☐ Addition
NAME	MEHTA, ZARIN	5.2 NAME		
STREET ADDRESS	1575 OAKWOOD AVENUE	5.3 STREET ADDRESS		
CITY-ST-ZIP	HIGHLAND PARK IL 60035	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	AVP TT	☐ Change ☐ Addition
NAME		6.2 NAME	Paul I. Rabin	
STREET ADDRESS		6.3 STREET ADDRESS	123 N. Wacker Drive	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Chicago Illinois 60606	

CR2E034 (3/95)

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)(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 added by this filing, with an address.

SIGNATURE: _____ PAUL RABIN 6/29/95 312/701-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

OFFICER/DIRECTOR