FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # F94000001486

1. Corporation Name
The Auto Conduit Corporation

Principal Place of Business	Mailing Address
2. Principal Place of Business 123 North Wacker Dr., 26th Floor Chicago, Illinois 60606	2a. Mailing Address 123 North Wacker Dr., 26th Floor Chicago, Illinois 60606

3. Date Incorporated or Qualified: 3/23/94
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

9. Name and Address of Current Registered Agent

CT 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 _____ (Signature of president or chairman of board of directors of the corporation) (Name of new registered agent typed or printed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		DELETE			
TITLE	President	☐	1.1 TITLE		☒ Change ☐ Addition
NAME	Gilbert N. Zitin		1.2 NAME		
STREET ADDRESS	123 N. Wacker Dr.		1.3 STREET ADDRESS	123 N. Wacker Dr.	
CITY-ST-ZIP	Chicago IL 60606		1.4 CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	AT	☐	2.1 TITLE		☐ Change ☐ Addition
NAME	Charles Nelson		2.2 NAME		
STREET ADDRESS	123 N. Wacker Dr.		2.3 STREET ADDRESS		
CITY-ST-ZIP	Chicago, IL 60606		2.4 CITY-ST-ZIP		
TITLE	VT	☐	3.1 TITLE		☒ Change ☐ Addition
NAME	Burton Lubow		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	123 N. Wacker Dr	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	VS	☐	4.1 TITLE		☐ Change ☐ Addition
NAME	William J. Sparer		4.2 NAME		
STREET ADDRESS	123 N. Wacker Dr.		4.3 STREET ADDRESS		
CITY-ST-ZIP	Chicago IL 60606		4.4 CITY-ST-ZIP		
TITLE	ED	☐	5.1 TITLE		☒ Change ☐ Addition
NAME	Zarin Mehta		5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	123 N. Wacker Dr	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Chicago IL 60606	
TITLE	AVP T	☐	6.1 TITLE		☐ Change ☐ Addition
NAME	Paul J. Rabin		6.2 NAME		
STREET ADDRESS	123 N. Wacker Dr.		6.3 STREET ADDRESS		
CITY-ST-ZIP	Chicago IL 60606		6.4 CITY-ST-ZIP		

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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 on an attachment with an address.

SIGNATURE: Paul J. Rabin 4/29/96 312-701-3478
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #