

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
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DOCUMENT # F94000001486

1. Corporation Name
The Auto Conduit Corporation

Principal Place of Business Mailing Address

2. Principal Place of Business 2a. Mailing Address

123 North Wacker Dr., 26th Floor **123 North Wacker Dr., 26th Floor**
Chicago, Illinois 60606 **Chicago, Illinois 60606**

3. Date Incorporated or Qualified 3a. Date of Last Report

3/23/94

4. FEI Number Applied For / Not Applicable

36-3852675

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 85. Zip Code

FL

11. Pursuant to the provisions of Sections 607.0602 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 607.0606, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<i>President</i> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Gilbert N. Zitin</i>	1.2 NAME	
STREET ADDRESS	<i>123 N. Wacker Dr.</i>	1.3 STREET ADDRESS	<i>123 N. Wacker Dr.</i>
CITY-ST-ZIP	<i>Chicago IL 60606</i>	1.4 CITY-ST-ZIP	<i>Chicago, Illinois 60606</i>
TITLE	<i>AT</i> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Charles Nelson</i>	2.2 NAME	
STREET ADDRESS	<i>123 N. Wacker Dr.</i>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Chicago, IL 60606</i>	2.4 CITY-ST-ZIP	
TITLE	<i>VT</i> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Burton Lubow</i>	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	<i>123 N. Wacker Dr</i>
CITY-ST-ZIP		3.4 CITY-ST-ZIP	<i>Chicago, Illinois 60606</i>
TITLE	<i>YS</i> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>William J. Sparer</i>	4.2 NAME	
STREET ADDRESS	<i>123 N. Wacker Dr.</i>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<i>Chicago IL 60606</i>	4.4 CITY-ST-ZIP	
TITLE	<i>ED</i> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Zarin Mehta</i>	5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	<i>123 N. Wacker Dr</i>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<i>Chicago IL 60606</i>
TITLE	<i>AVP T</i> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Paul J. Rabin</i>	6.2 NAME	400001853054
STREET ADDRESS	<i>123 N. Wacker Dr.</i>	6.3 STREET ADDRESS	-06/06/96--01022--039
CITY-ST-ZIP	<i>Chicago IL 60606</i>	6.4 CITY-ST-ZIP	***200.00

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 president 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: _____ DATE: *4/29/96*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: *Paul J. Rabin* 312-701-3478

CR2E034 (12/95)