

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001486 (9)
 1. Corporation Name
THE AUTO CONDUIT CORPORATION



Principal Place of Business 123 NORTH WACKER DR. 26TH FLOOR CHICAGO IL 60606 US	Mailing Address 123 NORTH WACKER DR. 26TH FLOOR CHICAGO IL 60606-1700 US
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3. Date Incorporated or Qualified 03/23/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 36-3852675	Applied For <input type="checkbox"/> 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 type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 P.O. Box 8264 Suite, Apt. #, etc. 27 City & State 28 Chicago IL Zip 29 60606 Country 30 U.S.
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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
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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, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZITIN, GILBERT N	1.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.	1.3 STREET ADDRESS	AND SUSAN M. FYDA 123 N. WACKER DR.
CITY-ST-ZIP	CHICAGO IL 60606	1.4 CITY-ST-ZIP	CHICAGO IL 60606
TITLE	AT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, CAHRLES	2.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	2.4 CITY-ST-ZIP	
TITLE	VT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUBOW, BURTON	3.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPARER, WILLIAM J	4.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	4.4 CITY-ST-ZIP	
TITLE	ED	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENTA, ZARIN	5.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	5.4 CITY-ST-ZIP	
TITLE	AVPT	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RABIN, PAUL I	6.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.	6.3 STREET ADDRESS	T ARLENE H. HARDY 123 N. WACKER DR.
CITY-ST-ZIP	CHICAGO IL 60606	6.4 CITY-ST-ZIP	Chicago IL 60606

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: _____ **Susan M. Fyda** 4/29/97 3:06:37P

CR2E034 (9/96)