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May 04, 1999 8:00 am
Secretary of State

05-04-1999 90004 039 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **F94000001486**

1. Corporation Name
THE AUTO CONDUIT CORPORATION



Principal Place of Business
**123 NORTH WACKER DR.
 26TH FLOOR
 CHICAGO IL 60606
 US**

Mailing Address
**P.O. BOX 8264
 CHICAGO IL 60680
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified
03/23/1994

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	ZITIN, GILBERT N	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	AT	<input checked="" type="checkbox"/> DELETE
NAME	NELSON, CAHRLES	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	LUBOW, BURTON	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	SPARER, WILLIAM J	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	ED	<input type="checkbox"/> DELETE
NAME	MEHTA, ZARIN	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	AVP	<input checked="" type="checkbox"/> DELETE
NAME	FYDA, SUSAN	
STREET ADDRESS	123 NORTH WACKER DR.	
CITY-ST-ZIP	CHICAGO IL	

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Medvin, Harvey N.	
2.3 STREET ADDRESS	123 N. Wacker Dr.	
2.4 CITY-ST-ZIP	Chicago, IL 60606	
3.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	S V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Baer, Jerome I.	
6.3 STREET ADDRESS	123 N. Wacker Dr.	
6.4 CITY-ST-ZIP	Chicago, IL 60606	

14. I 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

4/28 /99 312 701-3640

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