

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

FILED

**Feb 16 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001956 (1)
1. Corporation Name
ZENITH ADMINISTRATORS, INC.

Principal Place of Business 111 MASSACHUSETTS AVE., N.W. WASHINGTON DC 20001	Mailing Address 303 EAST OHIO ST SUITE 2000 CHICAGO IL 60611 US
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DO NOT WRITE IN THIS SPACE

21 2. Principal Place of Business	26 2a. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
22 City & State	27 City & State
Zip Country	Zip Country
24 25	29 30

3. Date Incorporated or Qualified 04/15/1994	
4. FEI Number 52-1590516	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 owes or has paid the corporation's intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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 _____ (NOTE Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	GEORGINE, ROBERT A	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20001	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LUCE, JAMES W	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20001	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	MULL, LESTER H SR	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20001	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POLLOCK, JEROME P	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20001	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ENG, GARY	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20001	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KALAHAR, DEAN	
STREET ADDRESS	111 MASSACHUSETTS AVE., N.W.	
CITY-ST-ZIP	WASHINGTON DC 20001	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Ann M. Harnowski* *Joann M. Harnowski* 1-30-98

CR2E034 (10/97)