

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 14 PH 2:17

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # F94000002007 (2)
1. Corporation Name
TRIBROOK GROUP, INC.

Principal Place of Business Mailing Address
**808 OAKMONT PLAZA DR., STE. 600
WESTMONT IL 60559** **808 OAKMONT PLAZA DR., STE. 600
WESTMONT IL 60559**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
04/19/1994

4. FEI Number Applied For
36-2733296 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET, STE. 105
TALLAHASSEE FL 32301**

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	JOHNSON, RICHARD L
STREET ADDRESS	441 EAGLES NEST DR.
CITY-ST-ZIP	DARIEN IL 60559
TITLE	DVS
NAME	BRADLEY, MARIAN M
STREET ADDRESS	807 OAKWOOD
CITY-ST-ZIP	WESTMONT IL 60559
TITLE	DV
NAME	WESBURY, STUART A
STREET ADDRESS	140 BRIARWOOD NO.
CITY-ST-ZIP	OAK BROOK IL 60521
TITLE	DV
NAME	DAVIS, DONALD M
STREET ADDRESS	31 OXFORD AVE.
CITY-ST-ZIP	CLARENDON HILLS IL 60514
TITLE	DV
NAME	ROCH, DOUGLAS R
STREET ADDRESS	842 WEST WOLFRAM
CITY-ST-ZIP	CHICAGO IL 60657
TITLE	DV
NAME	CARROLL, MICHAEL C
STREET ADDRESS	2389 FLINT LOCK DR.
CITY-ST-ZIP	CLEARWATER FL 34625

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DC	<input checked="" 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	0	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	0	
3.3 STREET ADDRESS	0	DELETE LEFT COMPANY
3.4 CITY-ST-ZIP	0	
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	DP	<input checked="" 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Marian M. Bradley 4/7/95 708 990-8070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Office Phone #
Marian M. Bradley - Vice President