

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/12/95 -01051 -001
****400.00 ****200.00

DOCUMENT # F94000003850 (4)

1. Corporation Name
RBG XIV CORP.

Principal Place of Business Mailing Address
154 W. HUBBARD ST. 154 W. HUBBARD ST.
SUITE 250 SUITE 250
CHICAGO IL 60610 CHICAGO IL 60610

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/22/1994
3a. Date of Last Report

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

4. FEI Number APPLIED FOR 36-396635 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 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 ST.
TALLAHASSEE FL 32301

10. Name and Address of Now 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 new state) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFINE, ROBERT S	12 NAME	
STREET ADDRESS	154 W. HUBBARD ST.	13 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60610	14 CITY - ST - ZIP	
TITLE	VASD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, BRUCE H	22 NAME	
STREET ADDRESS	154 W. HUBBARD ST.	23 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60610	24 CITY - ST - ZIP	
TITLE	VSD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ROBERT S	32 NAME	
STREET ADDRESS	154 W. HUBBARD ST.	33 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60610	34 CITY - ST - ZIP	
TITLE	AS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHR, BARBARA	42 NAME	
STREET ADDRESS	154 W. HUBBARD ST.	43 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60610	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 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 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: *Robert S. Goldfine* Pres. Date: May 16, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR