

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**APPROVED  
AND  
FILED**

95 JUN 21 AM 10:29

STATE  
TALLAHASSEE, FLORIDA

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Cynthia B. Mathier  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000003850 (4)**

1. Corporation Name  
**RBG XIV CORP.**

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

DO NOT WRITE IN THIS SPACE

3. Date last published or qualified <b>07/22/1994</b>		3a. Date of Last Report	
4. FEI Number <b>APPLIED FOR 36 3966355</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing and Trust Fund Contributions <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. This corporation has not met, for at least the last 60 days, the Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Office of Registered Agent		2a. Mailing Address	
21		26	
3. Office Agent Name		3a. Office Agent Address	
22		27	
4. City, State		4a. City & State	
23		28	
5. City, State, Country		5a. City, State, Country	
24		29	
25		30	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS ST. TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
B1 Name		B5 Zip Code	
B2 Direct Address, P.O. Box Number or Not Applicable		FL	
B3		B4 City	

12. OFFICER, DIRECTOR OR SHAREHOLDER	13. REGISTERED AGENT
NAME: <b>PD GOLDFINE, ROBERT S</b> OFFICE ADDRESS: <b>154 W. HUBBARD ST. CHICAGO IL 60610</b>	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>PD GOLDFINE, ROBERT S</b> OFFICE ADDRESS: <b>154 W. HUBBARD ST. CHICAGO IL 60610</b>
NAME: <b>VASD BLOCK, BRUCE H</b> OFFICE ADDRESS: <b>154 W. HUBBARD ST. CHICAGO IL 60610</b>	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>VASD BLOCK, BRUCE H</b> OFFICE ADDRESS: <b>154 W. HUBBARD ST. CHICAGO IL 60610</b>
NAME: <b>VSD ROSS, ROBERT S</b> OFFICE ADDRESS: <b>154 W. HUBBARD ST. CHICAGO IL 60610</b>	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>VSD ROSS, ROBERT S</b> OFFICE ADDRESS: <b>154 W. HUBBARD ST. CHICAGO IL 60610</b>
NAME: <b>AS MOHR, BARBARA</b> OFFICE ADDRESS: <b>154 W. HUBBARD ST. CHICAGO IL 60610</b>	TYPE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: <b>AS MOHR, BARBARA</b> OFFICE ADDRESS: <b>154 W. HUBBARD ST. CHICAGO IL 60610</b>

14. I hereby certify that the information supplied with this report was voluntarily furnished and that, not equally for the exemption stated in Section 111(1)(a) Florida Statutes. I further certify that the information submitted on this report is true and accurate, and that the separate officers of this corporation have made a contribution to the corporation for the purpose of the report as required by the Florida Statutes, and that my name appears on Block 1 or Block 2 of the report with an address.

**SIGNATURE:** *Robert S Ross* **Robert S Ross** (313) 404-0100  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3-95)