

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

FILED

**May 19 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F96000004331 (2)
1. Corporation Name
RBG XXXV CORP.



Principal Place of Business: 154 W HUBBARD #250 CHICAGO IL 60610
Mailing Address: 154 W HUBBARD #250 CHICAGO IL 60610

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified: 08/23/1996

2. Principal Place of Business: 154 W. Hubbard St. 250 Chicago, IL 60610
2a. Mailing Address: 154 W. Hubbard St. 250 Chicago, IL 60610

4. FEI Number: 36-4099650
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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent: COBER CORPORATE AGENTS, INC. 2801 S BAYSHORE DR 19TH FLR MIAMI FL 33133

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCVS	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, BRUCE H	1.2 NAME	
STREET ADDRESS	154 W HUBBARD #250	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFINE, ROBERT S	2.2 NAME	
STREET ADDRESS	154 W HUBBARD #250	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	2.4 CITY-ST-ZIP	
TITLE	DVS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ROBERT S	3.2 NAME	
STREET ADDRESS	154 W HUBBARD #250	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHR, BARBARA J	4.2 NAME	
STREET ADDRESS	154 W HUBBARD #250	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Robert S. Ross
4-24-98 (312) 464-1100

CR2E034 (10/97)