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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90256 027 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F97000000966

1. Corporation Name
SLC NEWPORT, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 5327 N. SHERIDAN RD., #100
 CHICAGO IL 60640

Mailing Address
 5327 N. SHERIDAN RD., #100
 CHICAGO IL 60640

3. Date Incorporated or Qualified
02/24/1997

4. FEI Number
36-4120851

2. Principal Place of Business
 21 **111 E Wacker Dr.**
 Suite, Apt. #, etc.

2a. Mailing Address
 26 **111 E. Wacker Dr.,**
 Suite, Apt. #, etc.

22 **Suite 2400**
 City & State

27 **Suite 2400**
 City & State

23 **Chicago, IL**
 Zip Country

28 **Chicago, IL**
 Zip Country

24 **60601** 25 **USA**

29 **60601** 30 **USA**

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 the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SOC <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN, WILLIAM B	1.2 NAME	
STREET ADDRESS	5327 N. SHERIDAN RD., #100	1.3 STREET ADDRESS	111 E. Wacker Dr., Suite 2400
CITY-ST-ZIP	CHICAGO IL 60640	1.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	PTSD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KLUTZNICK, JAMES B	2.2 NAME	
STREET ADDRESS	5327 N. SHERIDAN RD., #100	2.3 STREET ADDRESS	111 E. Wacker Dr., Suite 2400
CITY-ST-ZIP	CHICAGO IL 60640	2.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, LARRY M	3.2 NAME	VAS
STREET ADDRESS	5327 N. SHERIDAN RD., #100	3.3 STREET ADDRESS	Stephen J. Levy
CITY-ST-ZIP	CHICAGO IL 60640	3.4 CITY-ST-ZIP	111 E. Wacker Dr., Suite 2400
TITLE	CFO <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LONG, DANIEL M	4.2 NAME	
STREET ADDRESS	5327 N. SHERIDAN RD., #100	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60640	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLIVA, MARIA	5.2 NAME	
STREET ADDRESS	5327 N. SHERIDAN RD., #100	5.3 STREET ADDRESS	111 E. Wacker Dr., Suite 2400
CITY-ST-ZIP	CHICAGO IL 60640	5.4 CITY-ST-ZIP	Chicago, IL 60601
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRUMM, JERROLD H	6.2 NAME	
STREET ADDRESS	5327 N. SHERIDAN RD., #100	6.3 STREET ADDRESS	111 E. Wacker Dr., Suite 2400
CITY-ST-ZIP	CHICAGO IL 60640	6.4 CITY-ST-ZIP	Chicago, IL 60601

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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, with all other like empowered.

SIGNATURE: by **J. P. JUREDY, P.** **4/26/99** **(312)673-4333**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)