

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

FILED
May 07, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F98000001718

1. Corporation Name
SLC PINECREST, INC.

Principal Place of Business 5327 NORTH SHERIDAN RD., STE 100 CHICAGO IL 60640	Mailing Address 5327 NORTH SHERIDAN RD., STE 100 CHICAGO IL 60640
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 111 E. Wacker Dr.	26 111 E. Wacker Dr., Ste			03/26/1998	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			4. FEI Number	
22 Suite 2400	27 Suite 2400			APPLIED FOR	
City & State	City & State			Applied For	
23 Chicago, IL	28 Chicago, IL			Not Applicable	
Zip	Zip			5. Certificate of Status Desired <input checked="" type="checkbox"/>	
24 60601	29 60601			\$8.75 Additional Fee Required	
Country	Country			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 USA	30 USA			\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

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

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	ROTHENBERG, STUART M	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NEIDICH, DANIEL M	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VAS	<input checked="" type="checkbox"/> DELETE
NAME	HAMAMOTO, DAVID T	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	NAUGHTON, KEVIN D	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KLINGHER, MICHAEL K	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSENBERG, RALPH K	
STREET ADDRESS	85 BROAD STREET	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	VAS
3.3 STREET ADDRESS	Stephen J. Leuy
3.4 CITY-ST-ZIP	111 E Wacker Dr., suite 2400
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	<input 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 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, with all other like empowered.

SIGNATURE: by: **Stephen J. Leuy** SIGNATURE REQUIRED **Stephen J. Leuy** 4/26/99 (312)673-4333

CR2E034 (11/98)