

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

55 MAY -1 AM 8:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # H03526 (1)

1. Corporation Name
PLCM GROUP, INC.

Principal Place of Business Mailing Address
**123 N. WACKER DR.
CHICAGO IL 60606** **123 N. WACKER DR.
CHICAGO IL 60606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 3a. Date of Last Report
05/15/1984 **05/01/1994**

4. FEI Number Applied For
59-2414575 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

6. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, or Principal Place of Bus./Mailing Address
22 City & State **123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606**
23 Zip Country: **COOK**
24 Country 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
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 85 Zip Code
FL

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 reconstituting) DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	VT, WILLIAM P.
STREET ADDRESS	123 N. WACKER DR.
CITY - ST - ZIP	CHICAGO IL
TITLE	S
NAME	JESCHKE, ARLENE
STREET ADDRESS	123 NORTH WACKER DR.
CITY - ST - ZIP	CHICAGO IL
TITLE	T
NAME	RABIN, PAUL I
STREET ADDRESS	123 NORTH WACKER DR.
CITY - ST - ZIP	CHICAGO IL
TITLE	V
NAME	HANNER, JEROME S
STREET ADDRESS	123 NORTH WACKER DR.
CITY - ST - ZIP	CHICAGO IL
TITLE	AV
NAME	GROB, ROBERT
STREET ADDRESS	123 N. WASKER DRIVE
CITY - ST - ZIP	CHICAGO IL
TITLE	D
NAME	RICE, MICHAEL D
STREET ADDRESS	123 NORTH WACKER DR.
CITY - ST - ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Anthony R. Zumbano
1.3 STREET ADDRESS	123 North Wacker Drive
1.4 CITY - ST - ZIP	Chicago IL 60606
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 type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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 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)(k), 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 Grob **ROBERT GROB** 4/26/95 312-701-3928
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone No.)