

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

**PROFIT CORPORATION ANNUAL REPORT 1996**



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

**DOCUMENT # H03526 (1)**  
1. Corporation Name  
**PLCM GROUP, INC.**



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

Mailing Address  
**123 N. WACKER DR. CHICAGO IL 60606**

2. Principal Place of Business  
21 Suite, Apt. #, etc  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc  
27 City & State  
28 Zip  
29 Country

3. Date Incorporated or Qualified  
**05/15/1984**

3a. Date of Last Report  
**05/01/1995**

4. FEI Number  
**59-2414575**

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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Agent or printed name of registered agent and date of approval) (Note: Registered Agent signature required when interest changes)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ZUMBANO, ANTHONY R.</b>	
STREET ADDRESS	<b>123 NORTH WACKER DRIVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>JESCHKE, ARLENE</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>RABIN, PAUL I</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>HANNER, JEROME S</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>AV</b>	<input type="checkbox"/> DELETE
NAME	<b>GROB, ROBERT</b>	
STREET ADDRESS	<b>123 N. WACKER DRIVE</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RICE, MICHAEL D</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL</b>	

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**400001809004**  
**-05/06/96--01036--037**  
**\*\*\*200.00**

*Robert J. Grob*  
**5-1-96**

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 119.07(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 J. Grob* **Robert J. Grob** **4-17-96** **32-701-3978**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)