

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

FILED
May 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 60606-1700
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2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. Box 8264
22 City & State	27 Chicago IL
23 Zip	28 60606
24 Country	29 U.S.

3. Date Incorporated or Qualified 05/15/1984	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2414575	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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's signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P ZUMBANO, ANTHONY R.
STREET ADDRESS	123 NORTH WACKER DRIVE
CITY-ST-ZIP	CHICAGO IL
TITLE	<input type="checkbox"/> DELETE
NAME	S JESCHKE, ARLENE
STREET ADDRESS	123 NORTH WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T RABIN, PAUL I
STREET ADDRESS	123 NORTH WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	<input type="checkbox"/> DELETE
NAME	V HANNER, JEROME S
STREET ADDRESS	123 NORTH WACKER DR.
CITY-ST-ZIP	CHICAGO IL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	AV GROB, ROBERT
STREET ADDRESS	123 N. WACKER DRIVE
CITY-ST-ZIP	CHICAGO IL
TITLE	<input type="checkbox"/> DELETE
NAME	D 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	<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	ARLENE H. HARDY
3.3 STREET ADDRESS	123 N WACKER DR.
3.4 CITY-ST-ZIP	Chicago IL 60606
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 checked="" type="checkbox"/> Addition
5.2 NAME	AVP SUSAN M FYDA
5.3 STREET ADDRESS	123 N. WACKER DR.
5.4 CITY-ST-ZIP	CHICAGO IL 60606
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 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: _____ **Susan M. Fyda 4/29/97 312-701-3978**

CR2E034 (9/96)