

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
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95 APR 21 AM 11:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P11777 (0)**  
1. Corporation Name  
**CONCORD DEVELOPMENT CORPORATION OF ILLINOIS**

Principal Place of Business Mailing Address  
**1540 EAST DUNDEE ROAD, SUITE 350  
PALATINE IL 60067** **1540 EAST DUNDEE ROAD, SUITE 350  
PALATINE IL 60067**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/13/1986** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **36-2793202** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**UNITED STATES CORPORATION COMPANY  
110 NORTH MAGNOLIA STREET, SUITE 105  
TALLAHASSEE FL 32301**

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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BENACH, RONALD J
STREET ADDRESS	1540 E. DUNDEE ROAD, #350
CITY-ST-ZIP	PALATINE IL
TITLE	VD
NAME	MAYBROOK, WILLIAM A
STREET ADDRESS	1540 E. DUNDEE ROAD, #350
CITY-ST-ZIP	PALATINE IL
TITLE	AS
NAME	LEVY, RICHARD H
STREET ADDRESS	1540 E. DUNDEE ROAD, #350
CITY-ST-ZIP	PALATINE IL
TITLE	STD
NAME	BENACH, CAROL L
STREET ADDRESS	1540 E. DUNDEE ROAD, #350
CITY-ST-ZIP	PALATINE IL
TITLE	AS
NAME	HADDAD, DEBORAH T
STREET ADDRESS	1540 E. DUNDEE ROAD, #350
CITY-ST-ZIP	PALATINE IL
TITLE	VS
NAME	MORETTI, WAYNE
STREET ADDRESS	1540 E. DUNDEE ROAD, #350
CITY-ST-ZIP	PALATINE IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>400001464854</b>
1.3 STREET ADDRESS	<b>-04/26/95--01027--004</b>
1.4 CITY-ST-ZIP	<b>****130.00 ****130.00</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Assistant Secretary</i>
3.3 STREET ADDRESS	<i>Marilyn Mayotte</i>
3.4 CITY-ST-ZIP	<i>1540 E. Dundee, #350 Palatine, IL 60067</i>
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 provided 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Wayne Moretti Vice President* 4/21/95 955 748-776-0350  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #