

FILE NOW: FILING FEE IS \$61.25

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97 JAN 24 PH 1:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P11777 (0)

1. Corporation Name
CONCORD DEVELOPMENT CORPORATION OF ILLINOIS



Principal Place of Business 1540 EAST DUNDEE ROAD, SUITE 350 PALATINE IL 60067	Mailing Address 1540 EAST DUNDEE ROAD, SUITE 350 PALATINE IL 60067-8321
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3. Date Incorporated or Qualified 10/13/1986	3a. Date of Last Report 10/18/1996
4. FEI Number 36-2793202	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> No	

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
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9. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BENACH, RONALD J	
STREET ADDRESS	1540 E. DUNDEE ROAD, #350	
CITY - ST - ZIP	PALATINE IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	MAGAFAS, MARILYN	
STREET ADDRESS	1540 E. DUNDEE ROAD, #350	
CITY - ST - ZIP	PALATINE IL 60067	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	BENACH, CAROL L	
STREET ADDRESS	1540 E. DUNDEE ROAD, #350	
CITY - ST - ZIP	PALATINE IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HADDAD, DEBORAH T	
STREET ADDRESS	1540 E. DUNDEE ROAD, #350	
CITY - ST - ZIP	PALATINE IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	MORETTI, WAYNE	
STREET ADDRESS	1540 E. DUNDEE ROAD, #350	
CITY - ST - ZIP	PALATINE IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Chairman of the Bd of Directors	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Benach, Ronald	
13 STREET ADDRESS	1540 E. Dundee, #350	
14 CITY - ST - ZIP	Palatine, IL 60067	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Haddad, Deborah	
43 STREET ADDRESS	1540 E. Dundee, #350	
44 CITY - ST - ZIP	Palatine, IL 60067	
51 TITLE	President & Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Moretti, Wayne	
53 STREET ADDRESS	1540 E. Dundee, #350	
54 CITY - ST - ZIP	Palatine, IL 60067	
61 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	SHEARMAN, GERALD	
63 STREET ADDRESS	8000 SEARS TOWER	
64 CITY - ST - ZIP	Chicago, IL 60606	

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C. Alan 1-24-97

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 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, President, 1/20/97 847/776-0350*

CR2E037 (9/96)

2



ACCOUNT NO. : 072100000032
REFERENCE : 232136 5011146
AUTHORIZATION : *Patricia Project*
COST LIMIT : \$ 61.25

ORDER DATE : January 22, 1997
ORDER TIME : 9:21 AM
ORDER NO. : 232136-005
CUSTOMER NO: 5011146
CUSTOMER: Ms. Debbie Haddad
Concord Development
Suite 350
1540 East Dundee Road
Palatine, IL 60067

ANNUAL REPORT FILING

NAME: CONCORD DEVELOPMENT CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: MIKE KLUNK

EXAMINER'S INITIALS:

A. Allen
1-24-97

RECEIVED
97 JAN 24 AM 11:39
DIVISION OF CORPORATION