FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 10:09

DOCUMENT # P15408 (8)

1. Corporation Name
Cotter & Company

Principal Place of Business	Mailing Address
2740 N. Clybourn Ave. Chicago, IL 60614	2740 N. Clybourn Ave. Chicago, IL 60614

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/30/1987
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 36-2099896 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) (27)
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State (23) (28)
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip (24) Country (25) Zip (29) Country (30)
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
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 **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 _____ (DATE)
(Signature, typed or printed name of registered agent and title if applicable) (If CT, Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	Claypool, William	12 NAME	
STREET ADDRESS	2740 N. Clybourn Ave.	13 STREET ADDRESS	
CITY ST ZIP	Chicago, IL 60614	14 CITY ST ZIP	
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	Cotter, Daniel A.	22 NAME	900001501429
STREET ADDRESS	2740 N. Clybourn Ave.	23 STREET ADDRESS	-05/30/95--01030--010
CITY ST ZIP	Chicago, IL 60614	24 CITY ST ZIP	****200.00 ****200.00
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	Porter, Steven J.	32 NAME	
STREET ADDRESS	2740 N. Clybourn Ave.	33 STREET ADDRESS	
CITY ST ZIP	Chicago, IL 60614	34 CITY ST ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	Semkus, John	42 NAME	
STREET ADDRESS	2740 N. Clybourn Ave.	43 STREET ADDRESS	
CITY ST ZIP	Chicago, IL 60614	44 CITY ST ZIP	
TITLE	V/S/T	51 TITLE	☐ Change ☐ Addition
NAME	Kirby, Kerry J.	52 NAME	
STREET ADDRESS	2740 N. Clybourn Ave.	53 STREET ADDRESS	
CITY ST ZIP	Chicago, IL 60614	54 CITY ST ZIP	
TITLE	A/S	61 TITLE	☐ Change ☐ Addition
NAME	Moynihan, John F.	62 NAME	
STREET ADDRESS	2740 N. Clybourn Ave.	63 STREET ADDRESS	
CITY ST ZIP	Chicago, IL 60614	64 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 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: [signature] Kerry J. Kirby 5/17/95 (312) 975-2700
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINING OFFICER OR DIRECTOR (Date) (Telephone Number)