

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P19351 (6)**

1. Corporation Name  
**MIDAS PROPERTIES, INC.**

95 MAR -7 PM 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**225 NORTH MICHIGAN AVENUE  
CHICAGO IL 60601**      **225 NORTH MICHIGAN AVENUE  
CHICAGO IL 60601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      3a. Date of Last Report  
**05/23/1988**      **05/11/1994**

4. FEI Number      Applied For  
**36-2793574**      Not Applicable

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

2. Principal Place of Business      2a. Mailing Address

21      26

Suite, Apt. #, etc.      Suite, Apt. #, etc.

22      27

City & State      City & State

23      28

Zip      Country      Zip      Country

24      25      29      30

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

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City      FL      B5 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 \_\_\_\_\_ (Signature) (Print or printed name of registered agent and title) (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MOORE, JOHN R.
STREET ADDRESS	225 N. MICHIGAN
CITY - ST - ZIP	CHICAGO IL
TITLE	V
NAME	SIMPSON, ROBERT
STREET ADDRESS	225 N. MICHIGAN
CITY - ST - ZIP	CHICAGO IL
TITLE	SD
NAME	BAILEY, ROBERT M.
STREET ADDRESS	225 N. MICHIGAN
CITY - ST - ZIP	CHICAGO IL
TITLE	VTD
NAME	BARCLAY, R. LEE
STREET ADDRESS	225 N. MICHIGAN
CITY - ST - ZIP	CHICAGO IL
TITLE	AS
NAME	WILLIAMS, T.E.
STREET ADDRESS	225 N. MICHIGAN
CITY - ST - ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Richard W. KRANT
2.3 STREET ADDRESS	225 N. Michigan Ave.
2.4 CITY - ST - ZIP	Chicago IL 60601
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	Vice President + Director <input checked="" 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	Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Edwin A. Grell
6.3 STREET ADDRESS	225 N. Michigan Ave.
6.4 CITY - ST - ZIP	Chicago, IL 60601

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 file this report; that the signature is 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 attachment.

SIGNATURE: *Robert M. Bailey*      **Robert M. Bailey**      2/23/95      (310) 565-7500  
SIGNATURE AND TYPED ON PRINTED NAME OF OFFICER OR DIRECTOR      Date      (System Phone #)