

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P19351 (6)

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



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

3. Date Incorporated or Qualified: 05/23/1988  
3a. Date of Last Report: 03/07/1995

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

4. FEI Number: 36-2793574 Applied For: 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

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  
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: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, JOHN R.	
STREET ADDRESS	225 N. MICHIGAN	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	KRANT, RICHARD W.	
STREET ADDRESS	225 N. MICHIGAN	
CITY - ST - ZIP	CHICAGO IL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BAILEY, ROBERT M.	
STREET ADDRESS	225 N. MICHIGAN	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BARCLAY, R. LEE	
STREET ADDRESS	225 N. MICHIGAN	
CITY - ST - ZIP	CHICAGO IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	WILLIAMS, T.E.	
STREET ADDRESS	225 N. MICHIGAN	
CITY - ST - ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRELL, EDWIN A.	
STREET ADDRESS	225 N MICHIGAN AVE	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert H. Sorensen	
3.3 STREET ADDRESS	225 N. Michigan Ave.	
3.4 CITY - ST - ZIP	Chicago, IL 60601	
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	AT	<input checked="" 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 furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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: *Robert H. Sorensen* Secretary 6/24/96 312-565-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)