

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P19351 (6)**

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



Principal Place of Business <b>225 NORTH MICHIGAN AVENUE                  CHICAGO IL 60601</b>	Mailing Address <b>225 NORTH MICHIGAN AVENUE                  ATTN E ROMONOFKY, TAX DEPT                  CHICAGO IL 60601-7801                  US</b>
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3. Date Incorporated or Qualified <b>05/23/1988</b>	3a. Date of Last Report <b>07/01/1996</b>
4. FEI Number <b>36-2793574</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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

**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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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	<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 type="checkbox"/> DELETE
NAME	SORENSEN, ROBERT H	
STREET ADDRESS	225 N MICHIGAN AVE	
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	AT	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
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 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: Robert H. Sorensen **Robert H. Sorensen** 4-16-97 312-565-7892

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)