

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

FILED
May 20 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | 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 ATTN E ROMONOFKY, TAX DEPT CHICAGO IL 60601 US |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--------------------|---------------------|---------------------|--|---------------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 05/23/1988 | |
| 21 | Suite, Apt. #, etc | 26 | Suite, Apt. #, etc. | 4. FEI Number 36-2793574 | Applied For Not Applicable |
| 22 | City & State | 27 | City & State | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | Zip | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 25 | Country | 30 | Country | | |

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 _____
Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent's signature required when reinstating)

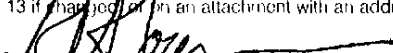
12. OFFICERS AND DIRECTORS

| | | |
|-----------------|---------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | MOORE, JOHN R. | |
| STREET ADDRESS | 225 N. MICHIGAN | |
| CITY - ST - ZIP | CHICAGO IL | |
| TITLE | VP | <input checked="" 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 checked="" 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 | Director and Chairman | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | Wendel H. Province | |
| 1.3 STREET ADDRESS | 225 N. Michigan Avenue | |
| 1.4 CITY - ST - ZIP | Chicago, IL 60601 | |
| 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 | VP and Treasurer | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | Christian C. Pappas | |
| 6.3 STREET ADDRESS | 225 N. Michigan Avenue | |
| 6.4 CITY - ST - ZIP | Chicago, IL 60601 | |

14. I 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; that 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 4-24-98 312-565-7500

CR2E034 (10/97)