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FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90005 033 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P19351

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 **\$8.75** Additional Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24

25

29

30

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|-----------------------------------|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| DC | PROVINCE, WENDEL H | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 225 N MICHIGAN AVE | CHICAGO IL 60601 | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP |
| SD | SORENSEN, ROBERT H | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 225 N MICHIGAN AVE | CHICAGO IL | 2.1 TITLE | 2.2 NAME |
| VPD | BARCLAY, R. LEE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 225 N. MICHIGAN | CHICAGO IL | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP |
| AS | WILLIAMS, T.E. | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 225 N. MICHIGAN | CHICAGO IL | 3.1 TITLE | 3.2 NAME |
| VPT | PAPPAS, CHRISTIAN C | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 225 N MICHIGAN AVE | CHICAGO IL 60601 | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP |
| | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | 4.1 TITLE | 4.2 NAME |
| | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP |
| | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | 5.1 TITLE | 5.2 NAME |
| | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP |
| | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | 6.1 TITLE | 6.2 NAME |
| | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| | | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP |

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 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, with a power of attorney.

SIGNATURE:

Robert H. Sorensen

Robert H. Sorensen

4/22/99

(312) 565-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)