

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 29 AM 8: 21

DOCUMENT # P28339 (0)

1. Corporation Name
AMERACE CORPORATION

Principal Place of Business Mailing Address
TWO NORTH RIVERSIDE PLAZA SUITE 1100 CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **03/02/1990** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

23. City & State 28. City & State

24. Zip Country 25. Zip Country 29. Zip Country 30. Zip Country

4. FEI Number **13-3240682** 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

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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 registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	HALL, WILLIAM
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL
TITLE	VAS
NAME	ROSENBERG, SHELJ
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL
TITLE	T
NAME	NAVITSKY, ANTHONY
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL
TITLE	AS
NAME	BRUNO, FRANK
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL
TITLE	V
NAME	HOLLOWAY, EUGENE
STREET ADDRESS	ROUTE 24
CITY - ST - ZIP	HACKETTSTOWN NJ
TITLE	VAS
NAME	ATHAS, GUS
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY - ST - ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Elliott, Robert	
1.3 STREET ADDRESS	Two North Riverside Plaza, Suite 1100	
1.4 CITY - ST - ZIP	Chicago, IL 60606	
2.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Daly, John	
2.3 STREET ADDRESS	Two North Riverside Plaza, Suite 1100	
2.4 CITY - ST - ZIP	Chicago, IL 60606	
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	Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Yunker, Kari	
4.3 STREET ADDRESS	Two North Riverside Plaza, Suite 1100	
4.4 CITY - ST - ZIP	Chicago, IL 60606	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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: Gus J. Athas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/95
Date

312,906,8700
Daytime Phone #

Gus J. Athas