


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90004 048 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034497

1. Corporation Name
JOSEPH U. MOORE, INC.



Principal Place of Business 123 N WACKER DR CHICAGO IL 60606 US	Mailing Address P.O. BOX 8264 CHICAGO IL 60680 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/19/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-4083823	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	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WILCOX, TERRY L			1.2 NAME			
STREET ADDRESS	123 N. WACKER			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARDY, ARLENE H			2.2 NAME			
STREET ADDRESS	123 N. WACKER			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JESENKE, ARLENE			3.2 NAME	→ Jeschke, Arlene		
STREET ADDRESS	123 N. WACKER			3.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HANNER, JEROME			4.2 NAME	→ V S		
STREET ADDRESS	123 N. WACKER			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606			4.4 CITY-ST-ZIP			
TITLE	AVP	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	FYDA, SUSAN			5.2 NAME	V Baer, Jerome I.		
STREET ADDRESS	123 N. WACKER			5.3 STREET ADDRESS	123 N. Wacker Dr.		
CITY-ST-ZIP	CHICAGO IL 60606			5.4 CITY-ST-ZIP	Chicago, IL 60606		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Dunn, Noel Lee		
STREET ADDRESS				6.3 STREET ADDRESS	123 N. Wacker Dr.		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Chicago, IL 60606		

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 all other like empowered.

SIGNATURE: _____ SIGNATURE: JEROME I. BAER DATE: 4/28/99 TIME: 3:28 PHONE: 312 701-3640

CR2E034 (11/98)