FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **849030** **(2)**

1. Corporation Name
AMBCO CAPITAL CORPORATION

Principal Place of Business
1501 WOODFIELD ROAD
SUITE 300E
SCHAUMBURG IL 60173-3000

Mailing Address
1501 WOODFIELD ROAD
SUITE 300E
SCHAUMBURG IL 60173-3000

3. Date Incorporated or Qualified: **05/04/1981**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Street, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Street, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **36-2816344** ☐ 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

GILSON, THEODORE
% GILSON, ROBERT
5345 SOUTHWICK DR
TAMPA FL 33624

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(S) DATE
Signature(s) required for both registered agent and officer or director. (NOTE: Registered Agent signature required when not shown.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CARR, JOHN P		1.2 NAME		
STREET ADDRESS	61 BROADWAY, 33RD FLOOR		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10006		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SULLIVAN, LAWRENCE		2.2 NAME		
STREET ADDRESS	625 BRIERHILL ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL 60015		2.4 CITY-ST-ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PERSKY, BURTON		3.2 NAME		
STREET ADDRESS	6509 N WASHTENNAW		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO, IL 00000 60645		3.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PHELAN, FRANCIS J		4.2 NAME		
STREET ADDRESS	301 MARTINGALE DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	BARTLETT, IL 00000 60103		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	HASKOWITZ, HOWARD		5.2 NAME		
STREET ADDRESS	61 BROADWAY, 33RD FLOOR		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10006		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	YERRILL, VICTOR M		6.2 NAME		
STREET ADDRESS	61 BROADWAY, 33RD FLOOR		6.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10006		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: Gilson Revoly VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 24, 1996
Date

(708)330-3082
Daytime Phone #