

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 # 017109 (0)
1. Corporation Name
THE CORPORATION COMPANY



Principal Place of Business: 1200 S. PINE ISLAND RD. PLANTATION FL 33324 US
Mailing Address: % C.T. CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

3. Date Incorporated or Qualified: 06/23/1925
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country
2a. Mailing Address: 26 2700 LAKE COOK RD
27 Suite, Apt. #, etc.
28 RIVERWOODS, IL
29 Zip 30 60015

4. FEI Number: 51-0099484 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: CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 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: _____ (NOTE: Registered Agent signature required when re-registering) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD THORNE, OAKLEIGH B. 1209 ORANGE STREET WILMINGTON DE	1.1 TITLE	
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	T FINORA, JOSEPH J. 1209 ORANGE STREET WILMINGTON DE	2.1 TITLE	T
NAME		2.2 NAME	KENNETH J. ASHLEY
STREET ADDRESS		2.3 STREET ADDRESS	2700 LAKE COOK RD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	RIVERWOODS, IL 60015
TITLE	VD STAATERMAN, ROBYN 1209 ORANGE STREET WILMINGTON DE	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	S MILONE, THERESA 2700 LAKE COOK ROAD RIVERWOODS IL	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS BOUTILIER, ANN 1200 S. PINE ISLAND ROAD PLANTATION FL	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VD LYNCH, JOHN J 1209 ORANGE STREET WILMINGTON DE	6.1 TITLE	AT
NAME		6.2 NAME	PETER F. HEALY
STREET ADDRESS		6.3 STREET ADDRESS	183 BRAINTRAE DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	BLOOMINGDALE, IL 60108

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: Peter F. Healy 4/24/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)