

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1998**



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

**FILED**

98 JUL 27 PM 1:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **F970000 06721**  
1. Corporation Name

**AMERICAN BUYING RETIREMENT SERVICES, INC.**

Principal Place of Business Mailing Address

**ONE IBM PLAZA, STE. 2007  
CHICAGO, IL 60611**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12-17-97**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired		<input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23	Zip	28	Country	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24	Country	29	Zip	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country				

9. Name and Address of Current Registered Agent

**Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature type or printed name of registered agent and title of applicant. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>Pres.</b>	1.1 TITLE	<b>Asst. Sec.</b>
NAME	<b>Marc Sheridan</b>	1.2 NAME	<b>Kevin R. Roberts</b>
STREET ADDRESS	<b>1111 Kane Concourse</b>	1.3 STREET ADDRESS	<b>103 N. Meridian Street</b>
CITY-STATE-ZIP	<b>Bay Harbor, FL 33154</b>	1.4 CITY-STATE-ZIP	<b>Tallahassee, FL 32301</b>
TITLE	<b>V/S</b>	2.1 TITLE	
NAME	<b>Beth Kurensky</b>	2.2 NAME	
STREET ADDRESS	<b>One IBM Plaza, Ste. 2007</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Chicago, IL 60611</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>Treas.</b>	3.1 TITLE	
NAME	<b>Robert Sheridan</b>	3.2 NAME	
STREET ADDRESS	<b>One IBM Plaza, Ste. 2007</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>Chicago, IL 60611</b>	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 trustee 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: **Kevin R. Roberts Asst. Sec. 7-27-98 222-1173**

CR2E034 (10/97)