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**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90024 017 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 017109

1. Corporation Name  
**THE CORPORATION COMPANY**



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1200 S. PINE ISLAND RD. PLANTATION FL 33324 US  
 Mailing Address: 2700 LAKE COOK RD RIVERWOODS IS 60015

3. Date Incorporated or Qualified: 06/23/1925  
 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 owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 22 23 24  
 2a. Mailing Address: 26 27 28 29 30  
 Suite, Apt. #, etc.: Suite 4800  
 City & State: Chicago, IL  
 Zip: 60601 Country: US

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	VAN WEL, PETER	
STREET ADDRESS	161 N. CLARK ST. 48TH FLOOR	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VSTD	<input type="checkbox"/> DELETE
NAME	LEAZ, BRUCE C	
STREET ADDRESS	161 N. CLARK ST. 48TH FLOOR	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CARTWRIGHT, CHRISTOPHER	
STREET ADDRESS	1633 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCKINSTRY, NANCY	
STREET ADDRESS	1633 BROADWAY	
CITY-ST-ZIP	NEW YORK NY 10019	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BOUTILIER, ANN	
STREET ADDRESS	1200 S. PINE ISLAND ROAD	
CITY-ST-ZIP	PLANTATION FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HEALY, PETER F	
STREET ADDRESS	183 BRAINTREE DR	
CITY-ST-ZIP	BLOOMINGDALE IL 60108	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	LENZ, Bruce C.
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Gordon, Dale C.
5.3 STREET ADDRESS	161 N. Clark St., Ste. 4800
5.4 CITY-ST-ZIP	Chicago, IL 60601
6.1 TITLE	AT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Healy, Peter F.
6.3 STREET ADDRESS	161 N. Clark St., Ste. 4800
6.4 CITY-ST-ZIP	Chicago, IL 60601

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: Dale C. Gordon 4-7-99 312-425-7000  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)