

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

04-19-1999 90024 017 ***150.00

DOCUMENT # 017109

1. Corporation Name

THE CORPORATION COMPANY



Principal Place of Business

1200 S. PINE ISLAND RD.
PLANTATION FL 33324
US

Mailing Address

2700 LAKE COOK RD
RIVERWOODS IS 60015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1925

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

60601

30

US

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME VAN WEL, PETER
STREET ADDRESS 161 N. CLARK ST. 48TH FLOOR
CITY-ST-ZIP CHICAGO IL 60601

☐ DELETE

TITLE VSTD
NAME LEAZ, BRUCE C
STREET ADDRESS 161 N. CLARK ST. 48TH FLOOR
CITY-ST-ZIP CHICAGO IL 60601

☐ DELETE

TITLE VP
NAME CARTWRIGHT, CHRISTOPHER
STREET ADDRESS 1633 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

☐ DELETE

TITLE P
NAME MCKINSTRY, NANCY
STREET ADDRESS 1633 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

☐ DELETE

TITLE AS
NAME BOUTILIER, ANN
STREET ADDRESS 1200 S. PINE ISLAND ROAD
CITY-ST-ZIP PLANTATION FL

☐ DELETE

TITLE AT
NAME HEALY, PETER F
STREET ADDRESS 183 BRAINTREE DR
CITY-ST-ZIP BLOOMINGDALE IL 60108

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

Lenz, Bruce C.

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE AS

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

Gordon, Dale C.
161 N. Clark St., Ste. 4800
Chicago, IL 60601

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

AT
Healy, Peter F.
161 N. Clark St., Ste. 4800
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale C. Gordon 4-7-99 312-425-7000

Date

Daytime Phone #

CR2E034 (11/98)