(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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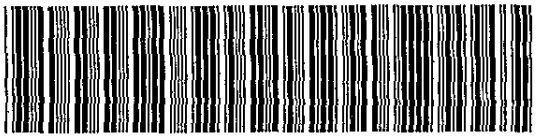

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CORPORATION ANNUAL REPORT 1994

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
94 MAY -1 AM 9:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name: THE CORPORATION COMPANY

DOCUMENT # 017109 (0)

Mailing Address:
% C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Principal Place of Business:
1200 S. PINE ISLAND RD.
PLANTATION FL 33324
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/23/1925
3a. Date of Last Report: 05/01/1993
4. FEI Number: 51-0099484
5. Certificate of Status Desired: $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee [ ]
8. This corporation has liability for intangible tax under S. 199 F.S. Florida Statutes [ ] Yes [ ] No

2. Mailing Address (21) | Suite, Apt. # (22) | City & State (23) | Zip (24) | Country (25)
2a. Principal Place of Business (26) | Suite, Apt. # (27) | City & State (28) | Zip (29) | Country (30)

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 and am familiar with and accept the obligations of Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS

1 TITLE	P/D
1 NAME	THORNE, OAKLEIGH B.
1 STREET ADDRESS	1209 ORANGE STREET
1 CITY-ST-ZIP	WILMINGTON DE
2 TITLE	T
2 NAME	FINORA, JOSEPH J.
2 STREET ADDRESS	1209 ORANGE STREET
2 CITY-ST-ZIP	WILMINGTON DE
3 TITLE	V/D
3 NAME	STAATERMAN ROBYN
3 STREET ADDRESS	1209 ORANGE STREET
3 CITY-ST-ZIP	WILMINGTON DE
4 TITLE	S
4 NAME	MILONE, THERESA
4 STREET ADDRESS	2700 LAKE COOK ROAD
4 CITY-ST-ZIP	RIVERWOODS IL
5 TITLE	A/S
5 NAME	BOUTILIER ANN
5 STREET ADDRESS	1200 S. PINE ISLAND ROAD
5 CITY-ST-ZIP	PLANTATION FL
6 TITLE	V/D
6 NAME	LYNCH JOHN J
6 STREET ADDRESS	1209 ORANGE STREET
6 CITY-ST-ZIP	WIMLIMGTON DE

13. CHANGES TO OFFICERS AND DIRECTORS

(blank)

14. I do hereby certify that the information supplied with this filing is voluntary, does not and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability, of non compliance with Section 119... In the event that the information supplied is deemed exempt from public ... 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Joseph J. Finora 4/25/04 212 246 5070

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR