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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Cynthia B. Skidmore
Secretary of State
CORPORATE CORPORATIONS

DOCUMENT # 017109 (0)

THE CORPORATION COMPANY

Principal Place of Business **Mailing Address**

**1200 S. PINE ISLAND RD.
PLANTATION FL 33324
US**

**% C.T. CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|------------------------------------|--------------------------------|----------------------------|--------------------|--|---|
| 2. Foreign Name of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| | | | | 06/23/1925 | 05/01/1994 |
| 21. State, Apt. #, etc. | 26. State, Apt. #, etc. | | | 4. FBI Number | Apply 1 For Non-Applicable |
| | | | | 51-0099484 | |
| 22. City & State | 27. City & State | | | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| | | | | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 23. Zip | 28. Zip | 24. Country | 29. Country | 8. This corporation has liability for intangible tax under S. 199(3)(2), Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|---------------------|----|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | | | | 81. Name | | | |
| | | | | 82. Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83. | | | |
| | | | | 84. City | 85. Zip Code | FL | |

11. Pursuant to the provisions of Sections 607.05(1) and 607.15(4), 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. Thereby, accept the appointment of registered agent I am familiar with, and accept the obligations of Section 607.05(6), Florida Statutes.

SIGNATURE (Type or typed name of registered agent and title, if applicable) (Type registered agent signature required when reinstating) (Date)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 1995 | |
|-----------------------------------|--------------------------|---|---|
| TITLE | PO | 11. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | THORNE, OAKLEIGH B. | 12. NAME | |
| STREET ADDRESS | 1209 ORANGE STREET | 13. STREET ADDRESS | |
| CITY, ST., ZIP | WILMINGTON DE | 14. CITY, ST., ZIP | |
| TITLE | † | 21. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FINORA, JOSEPH J. | 22. NAME | |
| STREET ADDRESS | 1209 ORANGE STREET | 23. STREET ADDRESS | |
| CITY, ST., ZIP | WILMINGTON DE | 24. CITY, ST., ZIP | |
| TITLE | VD | 31. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | STAATERMAN, ROBYN | 32. NAME | |
| STREET ADDRESS | 1209 ORANGE STREET | 33. STREET ADDRESS | |
| CITY, ST., ZIP | WILMINGTON DE | 34. CITY, ST., ZIP | |
| TITLE | S | 41. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MILONE, THERESA | 42. NAME | |
| STREET ADDRESS | 2700 LAKE COOK ROAD | 43. STREET ADDRESS | |
| CITY, ST., ZIP | RIVERWOODS IL | 44. CITY, ST., ZIP | |
| TITLE | AS | 51. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOUTILIER, ANN | 52. NAME | |
| STREET ADDRESS | 1200 S. PINE ISLAND ROAD | 53. STREET ADDRESS | |
| CITY, ST., ZIP | PLANTATION FL | 54. CITY, ST., ZIP | |
| TITLE | VD | 61. TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LYNCH, JOHN J | 62. NAME | |
| STREET ADDRESS | 1209 ORANGE STREET | 63. STREET ADDRESS | |
| CITY, ST., ZIP | WILMINGTON DE | 64. CITY, ST., ZIP | |

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 change, or on an attachment with an address.

SIGNATURE:  **Joseph J. Finora** 4/26/95 (212) 246 50

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Include Phone #)