**FILED** 

Mar 06, 1999 8:00 am Secretary of State

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

CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

# **DOCUMENT # 444966**

GUARAN	ITEE ABSTRACT AND TITL	E INSURANCE COMPA	NY						
l									
Principal Plac	e of Business	Mailing Address			<del></del>	-{	ių <b>e</b> stės <b>eie</b> s	i allalli di	i <b>e</b> a <b>eleja lee</b> a
171 N CLARK ST 171 N CLARK ST									
ML OGCT ML OGCT						DO NOT WRITE IN TH	IIC CDAC	· C	
CHICAGO IL 60601-3294 CHICAGO IL 60601-3294				3. Date Incorporated or Qualifed			IIS SPAC	<u></u>	
						01/28/1974			1
2. Principal P	Place of Business	2a. Mailing Address				4. FEI Number	$\overline{}$	Apı	plied For
21						95-3642540 Not			t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired			Additional
27						or contract of challed become	<del></del>	ee Re	
City & Stat	te	<u> </u>	City & State			6. Election Campaign Financing			Мау Ве
23		<del></del>	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Count	ry		8. This corporation owes the current year	Intangible		ĭ⊠No
24	9. Name and Address of Curre	29	30			Personal Property Tax.  10. Name and Address of New Registere			K291/0
	o. Hame and Address of Curre	aut Mediateren Waein		1 Na	me	TV. Name and Address of New Augisters	W Agent		
* THO	rnton, John S Jr		<u> </u>						
4300 DUHME ROAD			8	82 Street Address (P.O. Box Number is Not Acceptable)					
SUIT	E 3D		8	13					
MADEIRA BEACH FL 33738									
			8	4 Ci	У	F	85	Zip C	ode
11. Pursuant	to the provisions of Sections 607.05	i02 and 607.1508, Florida Statut	es, the abo	ve-na	ned corpo	ration submits this statement for the purpose	of chang	ing its	registered
office or r	egistered agent, or both, in the State om familiar with, and accept the oblig	e of Florida. Such change was a	uthorized b	y the 6	corporation	n's board of directors. I hereby accept the app	ointment	as reg	jistered
-	in ranimal with, and accept the cong	ations of, Decitor Co. Co.	iloa Otatut						
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	Registered Ac	jent sign:	ture required	when reinstating) DATE			
12.	OFFICERS AND DIRECTORS		13.	13.		ADDITIONS/CHANGES TO OFFICERS	<del></del>		
TITLE	D	☐ DELETE	1.1 TITLE		{		□ ¢t	iange	Addition
NAME	ADAMS, THOMAS J.		1.2 NAM	E	- (				]
STREET ADDRESS	171 N. CLARK STREET		1.3 STRE	ET ADDF	(ESS				ļ
CITY-ST-ZIP	CHICAGO IL		1,4 CITY	ST-ZIP					
TITLE	D	☐ DELETE	2.1 TITLE	•	}		□ cı	ange	☐ Addition
NAME	FERRARO, KENNETH C.		2.2 NAME		}				ì
STREET ADDRESS	171 N. CLARK STREET		2.3 STREET		±ESS }				Ì
CITY-ST-ZIP	CHICAGO IL	(7 854 545	2.4 CITY						
TiTLE	D CION A LADON	☐ DELETE	3.1 TITLE		}		다	ange	Addition
NAME	SISK, A. LARRY		3.2 NAM		}				)
STREET ADDRESS	171 N. CLARK ST.		3.3 STRE		ESS		٠		
CITY-ST-ZIP	CHICAGO IL VP	DELETE	3.4. CITY 4.1 TITLE						Addition
TITLE	GREENE, WILLIAM L.	( Dereic	1		. }			ange	[] vaginon (
NAME	171 N. CLARK STREET		4. 2 NAM						
STREET ADDRESS	CHICAGO IL		4.3 STRE		.533				}
CITY-ST-ZIP TITLE	OFHOAGO IL	☐ DELETE	4.4 CITY		-+		□ Cł	ange	Addition
NAME		and another the	5.1 TITLE 5.2 NAME		{				J.,,
STREET ADDRESS			5.3 STRE		(ESS				{
CITY-ST-ZIP	<u> </u>		5.4 CITY						1
TITLE			6.1 TITLE			<del>,</del>	Cr	lange	Addition
NAME			6.2 NAM	Ē	-			•	

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

THE ST-ZIP

Gregory P. SIGNATURE AND TYPE DRAFFINTED NAME OF SIGNING OFFICER OR DIRECTOR Gregory P. Hamler

1/19/99

312-223-2440

Daytime Phone #

163383-9014-20 444966

## **Guarantee Abstract and Title Insurance Company**

c/o Chicago Title and Trust Company 171 N. Clark Street, ML 06CT Chicago, IL 60601-3294

### **Directors**

Peter G. Leemputte 171 N. Clark Street, Chicago, IL 60601

Thomas J. Adams 171 N. Clark Street, Chicago, IL 60601

A. Larry Sisk 171 N. Clark Street, Chicago, IL 60601

Kenneth C. Ferraro 171 N. Clark Street, Chicago, IL 60601

#### **Officers**

President	Peter G. Leemputte	171 N. Clark Street, Chicago, IL 60601
Vice President	Thomas J. Adams	171 N. Clark Street, Chicago, IL 60601
Vice President	William L. Greene	171 N. Clark Street, Chicago, IL 60601
Treasurer	A. Larry Sisk	171 N. Clark Street, Chicago, IL 60601
Secretary	Kenneth C. Ferraro	171 N. Clark Street, Chicago, IL 60601
Asst. Secretary	Eileen W. Van Roeyen	171 N. Clark Street, Chicago, IL 60601
Acet Coeretany	Crogon, D. Unmler	474 N. Charle Charlet Obligation II. 00004