

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0114728

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 473197 (2)
1. Corporation Name
FIRST CAPITAL FINANCIAL CORPORATION

Principal Place of Business
TWO NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

Mailing Address
TWO NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

FILED
98 AUG 11 AM 11:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1975

4. FEI Number

59-1604552

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes

No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 VP
NAME NORMAN M FIELD
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

DELETE

TITLE D
NAME ZELL, SAMUEL
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

DELETE

TITLE D
NAME SHKOLNICK, SANFORD
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

DELETE

TITLE S
NAME OBUCHOWSKI, SUSAN
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

DELETE

TITLE CEO
NAME CROCKER, DOUGLAS 111
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

DELETE

TITLE D
NAME ROSENBERG, SHEL Z
STREET ADDRESS 2 NORTH RIVERSIDE PLAZA
CITY-ST-ZIP CHICAGO IL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
200002615622--2
-08/13/98--01101--013
*****8.75 *****8.75

Change Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
200002615622--2
-08/13/98--01101--014
*****550.00 *****550.00

Change Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
PCEOD

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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.

SIGNATURE:

8/10/98

312/906-6496

CR2E034 (5/98)