

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 474436 (3)

1. Corporation Name

OGLE & WATERS, INC.



Principal Place of Business

123 N. WACKER DR.
CHICAGO IL 60606

Mailing Address

123 N. WACKER DR.
CHICAGO IL 60606

3. Date Incorporated or Qualified
04/22/1975

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-1586247

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 of Registered Agent or Representative of the Corporation

Signature of Registered Agent or Representative of the Corporation

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P

INGRAM, DONALD C
123 NORTH WACKER DR
CHICAGO IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VD

OGLE, WALTER L
123 NORTH WACKER DRIVE
CHICAGO FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

S

JASCHKE, ARLENE
123 NORTH WACKER DRIVE
CHICAGO IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T

RABIN, PAUL I
123 NORTH WACKER DRIVE
CHICAGO IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V

HANNER, JEROME S
123 NORTH WACKER DRIVE
CHICAGO IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AV

GROB, ROBERT
123 NORTH WACKER DRIVE
CHICAGO IL

☐ DELETE

13.

1. TITLE
2. NAME
3. STREET ADDRESS
4. CITY-ST-ZIP

2. TITLE
2. NAME
2. STREET ADDRESS
2. CITY-ST-ZIP

3. TITLE
3. NAME
3. STREET ADDRESS
3. CITY-ST-ZIP

4. TITLE
4. NAME
4. STREET ADDRESS
4. CITY-ST-ZIP

5. TITLE
5. NAME
5. STREET ADDRESS
5. CITY-ST-ZIP

6. TITLE
6. NAME
6. STREET ADDRESS
6. CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

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5-1-96

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Signature and Typed or Printed Name of Signing Officer or Director

Robert J. Grob

4-17-96

3D-101-3978

CR2E034 (12/95)