

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

005249

FILED  
May 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 512704 (8)  
1. Corporation Name  
MILES GRANT WATER AND SEWER COMPANY

Principal Place of Business  
2335 SANDERS ROAD  
NORTHBROOK IL 60062

Mailing Address  
2335 SANDERS ROAD  
NORTHBROOK IL 60062



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/20/1976	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 25-0877540		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes or has paid the current year income Personal Property Tax due June 30. <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	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMAREN, JAMES	1.2 NAME	
STREET ADDRESS	2335 SANDERS ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHUMACHER, LAWRENCE	2.2 NAME	
STREET ADDRESS	2335 SANDERS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	2.4 CITY-ST-ZIP	
TITLE	VS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMAREE, DAVID H.	3.2 NAME	
STREET ADDRESS	2335 SANDERS ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENZ, CARL	4.2 NAME	
STREET ADDRESS	2335 SANDERS RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOPUCH, ANDREW	5.2 NAME	
STREET ADDRESS	2335 SANDERS RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_

3/6/98

847-498-6440

CR2E034 (10/97)