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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 800993

1. Corporation Name
MIAMI CORPORATION



Principal Place of Business: C/O WALTER S CARR, 410 N MICHIGAN AVE, CHICAGO ILL 60611
 Mailing Address: C/O WALTER S CARR, 410 N MICHIGAN AVE, CHICAGO ILL 60611

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/15/1917	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		36-1472840	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fes Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BENNETT BARBARA K 95 MERRICK WAY, STE 535 CORAL GABLES FL 33134				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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	AT <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATES, DAVID E.	1.2 NAME	Brooker, T. Kimball
STREET ADDRESS	410 N MICHIGAN AVE	1.3 STREET ADDRESS	410 North Michigan Avenue, Room 590
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago, Illinois 60611
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURNAP, CANDIDA D	2.2 NAME	Wogan, Gordon L.
STREET ADDRESS	410 NO MICHIGAN AVE	2.3 STREET ADDRESS	410 North Michigan Avenue, Room 590
CITY-ST-ZIP	CHICAGO, IL 0	2.4 CITY-ST-ZIP	Chicago, Illinois 60611
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'NEIL, ABBY	3.2 NAME	McCormick, Brooks
STREET ADDRESS	410 NO MICHIGAN AVE	3.3 STREET ADDRESS	410 North Michigan Avenue, Room 590
CITY-ST-ZIP	CHICAGO, IL 0	3.4 CITY-ST-ZIP	Chicago, Illinois 60611
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DANIELSON, BARBARA S	4.2 NAME	Friedrichs, Michael R.
STREET ADDRESS	410 N MICHIGAN AVE, RM 590	4.3 STREET ADDRESS	410 North Michigan Avenue, Room 590
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Chicago, Illinois 60611
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCHROEDER, CHARLES W E.	5.2 NAME	Carr, Walter S.
STREET ADDRESS	410 NO MICHIGAN AVE	5.3 STREET ADDRESS	410 North Michigan Avenue, Room 590
CITY-ST-ZIP	CHICAGO, IL 0	5.4 CITY-ST-ZIP	Chicago, Illinois 60611
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HOGAN, RICHARD F	6.2 NAME	Whitesides, Lawson E.
STREET ADDRESS	410 NO MICHIGAN AVE	6.3 STREET ADDRESS	410 North Michigan Avenue, Room 590
CITY-ST-ZIP	CHICAGO, IL 0	6.4 CITY-ST-ZIP	Chicago, Illinois 60611

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.

SIGNATURE: _____ DATE: 2/22/99 DAYTIME PHONE #: (312) 644-6720

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MIAMI CORPORATION

CORPORATION ANNUAL REPORT - 1999

13. Additions/changes to Officers and Directors in 12

	<u>Names</u>	<u>Title</u>	<u>Street Address</u>
1.	McCormick, Charlotte	D	410 N. Michigan Ave., Chicago, IL 60611
2.	Seitz III, Charles E.	D	" "
3.	Strachan, Richard	D	" "
4.	Strachan, Stephen M.	D	" "
5.	Tennille, Jocelyn D.	D	" "
6.	Trapp, James M.	D	" "
7.	Coventry, Jan F.	AT	" "
8.	Goering, Barbra	AS	" "
9.	Gagliardi, Patricia A.	AT	" "