SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 9:22

DOCUMENT # **824991** **(4)**

1. Corporation Name

SOUTH PROPERTIES, INC. OF ILLINOIS

Principal Place of Business	Mailing Address
3501 ALGONQUIN RD. 7TH FL ROLLING MEADOWS FL 60008	3501 ALGONQUIN RD. 7TH FL ROLLING MEADOWS FL 60008

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/26/1970**
3a. Date of Last Report: **02/28/1994**

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: **36-2255947** ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VSD	11 TITLE	☐ Change ☐ Addition
NAME	MOORE, WILLIAM B	12 NAME	SEE ATTACHED SHEET
STREET ADDRESS	3501 ALGONQUIN RD	13 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS FL	14 CITY-ST-ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	GANNON, KATHLEEN R	22 NAME	
STREET ADDRESS	3501 ALGONQUIN RD	23 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS FL	24 CITY-ST-ZIP	
TITLE	ATS	31 TITLE	☐ Change ☐ Addition
NAME	GILMORE, JOHN P	32 NAME	
STREET ADDRESS	3501 ALGONQUIN RD	33 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	WESTOVER, FRANK T.	42 NAME	
STREET ADDRESS	3501 ALGONQUIN RD	43 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS FL	44 CITY-ST-ZIP	
TITLE	PD	51 TITLE	☐ Change ☐ Addition
NAME	CHELBERG, BRUCE S.	52 NAME	
STREET ADDRESS	3501 ALGONQUIN RD	53 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS FL	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	ISZCUK, OLGA	62 NAME	
STREET ADDRESS	3501 ALGONQUIN RD	63 STREET ADDRESS	
CITY-ST-ZIP	ROLLING MEADOWS FL	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: Marc D. Nelson 6/15/95 708 818-5000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Marc D. Nelson

0177087 FP

884991

SOUTH PROPERTIES, INC. OF ILLINOIS
FEDERAL EMPLOYER IDENTIFICATION NO. 36-2255947
1995 FLORIDA CORPORATION ANNUAL REPORT

IN REPLY TO QUESTION 12:

OFFICERS

Name	Title	Address
Bruce S. Chelberg	President	3501 Algonquin Rd., Rolling Meadows, IL 60008
Thomas L. Bindley	Vice President	"
Kathleen R. Gannon	Vice President & Treasurer	"
William B. Moore	Vice President & Secretary	"
Frank T. Westover	Vice President	"
Marc D. Nelson	Assistant Treasurer & Assistant Secretary	"
Olga Iszczuk	Assistant Secretary	"

DIRECTORS

Bruce S. Chelberg	same as above	same as above
Frank T. Westover	"	"
William B. Moore	"	"

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
N[illegible]

DOCUMENT # **825040** **(9)**

1. Corporation Name
USLICO SECURITIES CORPORATION

Principal Place of Business	Mailing Address
4601 FAIRFAX DRIVE ARLINGTON VA 22203	4601 FAIRFAX DRIVE ARLINGTON VA 22203

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/04/1970	07/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 52-0893557 — 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

THE PRENTICE HAL CORP. SYSTEM INC.
148 SOUTH ATLANTIC AVENUE
FIRST FLORIDA BANK BUILDING #420
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	11 TITLE	☐ Change ☐ Addition
NAME	O'CONNELL, KAREN H	12 NAME	
STREET ADDRESS	4601 FAIRFAX DRIVE	13 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SAGINAW, ROBERT B.	22 NAME	
STREET ADDRESS	4601 FAIRFAX DRIVE	23 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HAHN, JEFFREY P	32 NAME	
STREET ADDRESS	4601 FAIRFAX DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	DAWKINS, DUANLLEY.	42 NAME	
STREET ADDRESS	4601 FAIRFAX DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	RICHARD, DAVID A	52 NAME	
STREET ADDRESS	4601 FAIRFAX DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	SCHWARZMAN, ELIZABETH A.	62 NAME	
STREET ADDRESS	4601 FAIRFAX DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON VA	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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 above, or on an attachment with an address.

SIGNATURE: [signature] 6/13/95 (703) 875-3650
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0179702 FN

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **826192** **(7)**

1. Corporation Name

GOODMAN DECORATING CO., INC.

Principal Place of Business	Mailing Address
2335 ADAMS DRIVE NW ATLANTA GA 30318-1919	2335 ADAMS DRIVE NW ATLANTA GA 30318-1911 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/18/1971**
3a. Date of Last Report: **02/15/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
County — 25 / 30

4. FEI Number: **58-0707662** ☐ 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 ability for ad valorem tax under s. 193.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, RICHARD A.	12 NAME	
STREET ADDRESS	164 LEBLANC WAY, NW	13 STREET ADDRESS	
CITY ST ZIP	ATLANTA, GA 00000	14 CITY ST ZIP	
TITLE	PTD	21 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, LEONARD	22 NAME	
STREET ADDRESS	1499 WESLEY PKWY	23 STREET ADDRESS	
CITY ST ZIP	ATLANTA, GA 00000	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	DIAMOND, JEFFREY M.	32 NAME	
STREET ADDRESS	1580 LORING DR.	33 STREET ADDRESS	
CITY ST ZIP	ATLANTA GA	34 CITY ST ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	PRITCHARD, JOSEPH G.	42 NAME	
STREET ADDRESS	2307 STRATMOR DR.	43 STREET ADDRESS	
CITY ST ZIP	STONE MTN, GA 00000	44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

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)(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: Joseph G. Pritchard, V.P 6/14/95 (404)351-8922
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0122037 FP