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

1. Corporation Name

SOUTH PROPERTIES, INC. OF ILLINOIS

Principal Place of Business

3501 ALGONQUIN RD. 7TH FL
ROLLING MEADOWS FL 60008

Mailing Address

3501 ALGONQUIN RD. 7TH FL
ROLLING MEADOWS FL 60008

3. Date Incorporated or Qualified: **08/26/1970**

3a. Date of Last Report: **06/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23 **Rolling Meadows, IL**
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28 **Rolling Meadows, IL**
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: (Signature of Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	☐ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	MOORE, WILLIAM B		1.2 NAME	Bindley, Thomas L.	
STREET ADDRESS	3501 ALGONQUIN RD		1.3 STREET ADDRESS	3501 Algonquin Rd	
CITY-ST-ZIP	ROLLING MEADOWS FL		1.4 CITY-ST-ZIP	Rolling Meadows, IL	
TITLE	VT	☐ DELETE	2.1 TITLE	AT/AS	☐ Change ☒ Addition
NAME	GANNON, KATHLEEN R		2.2 NAME	Marc D. Nelson	
STREET ADDRESS	3501 ALGONQUIN RD		2.3 STREET ADDRESS	3501 Algonquin Rd	
CITY-ST-ZIP	ROLLING MEADOWS FL		2.4 CITY-ST-ZIP	Rolling Meadows, IL	
TITLE	ATS	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	GILMORE, JOHN P		3.2 NAME		
STREET ADDRESS	3501 ALGONQUIN RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS FL		3.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	4.1 TITLE		☒ Change ☐ Addition
NAME	WESTOVER, FRANK T.		4.2 NAME	All officers and directors addresses should be:	
STREET ADDRESS	3501 ALGONQUIN RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS FL		4.4 CITY-ST-ZIP	Rolling Meadows, IL 60008	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	CHELBERG, BRUCE S.		5.2 NAME		
STREET ADDRESS	3501 ALGONQUIN RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS FL		5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ISZCUK, OLGA		6.2 NAME		
STREET ADDRESS	3501 ALGONQUIN RD		6.3 STREET ADDRESS		
CITY-ST-ZIP	ROLLING MEADOWS FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(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: Marc D. Nelson 2/4/96 (847) 818-5023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

Marc D. Nelson Assistant Treasurer