

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

FILED

Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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 IL 60008  
US

Mailing Address

3501 ALGONQUIN RD. 7TH FL  
ROLLING MEADOWS IL 60008-3103  
US

3. Date Incorporated or Qualified

08/26/1970

3a. Date of Last Report

02/21/1996

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MOORE, WILLIAM B	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY - ST - ZIP	ROLLING MEADOWS IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	GANNON, KATHLEEN R	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY - ST - ZIP	ROLLING MEADOWS IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BINDLEY, THOMAS L	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY - ST - ZIP	ROLLING MEADOWS IL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	WESTOVER, FRANK T.	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY - ST - ZIP	ROLLING MEADOWS IL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CHELBERG, BRUCE S.	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY - ST - ZIP	ROLLING MEADOWS IL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ISZCUK, OLGA	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY - ST - ZIP	ROLLING MEADOWS IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

Date

Daytime Phone #

1/31/97 (847) 818-5024

CR2E034 (9/96)