

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

FILED
Apr 17 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 # **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 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/26/1970	
21		26		4. FEI Number 36-2255947	Applied For Not Applicable
22 Suite, Apt #, etc.		27 Suite, Apt #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VSD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, WILLIAM B			1.2 NAME			
STREET ADDRESS	3501 ALGONQUIN RD			1.3 STREET ADDRESS			
CITY-ST-ZIP	ROLLING MEADOWS IL			1.4 CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GANNON, KATHLEEN R			2.2 NAME			
STREET ADDRESS	3501 ALGONQUIN RD			2.3 STREET ADDRESS			
CITY-ST-ZIP	ROLLING MEADOWS IL			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BINDLEY, THOMAS L			3.2 NAME			
STREET ADDRESS	3501 ALGONQUIN RD			3.3 STREET ADDRESS			
CITY-ST-ZIP	ROLLING MEADOWS IL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WESTOVER, FRANK T.			4.2 NAME			
STREET ADDRESS	3501 ALGONQUIN RD			4.3 STREET ADDRESS			
CITY-ST-ZIP	ROLLING MEADOWS IL			4.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHELBERG, BRUCE S.			5.2 NAME			
STREET ADDRESS	3501 ALGONQUIN RD			5.3 STREET ADDRESS			
CITY-ST-ZIP	ROLLING MEADOWS IL			5.4 CITY-ST-ZIP			
TITLE	AS	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ISZCUK, OLGA			6.2 NAME			
STREET ADDRESS	3501 ALGONQUIN RD			6.3 STREET ADDRESS			
CITY-ST-ZIP	ROLLING MEADOWS IL			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:



847-518-5021

CR2E034 (10/97)