

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 824991

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

FILED  
Apr 26, 1999 8:00 am  
Secretary of State

04-26-1999 90002 030 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/26/1970

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MOORE, WILLIAM B	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	GANNON, KATHLEEN R	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BINDLEY, THOMAS L	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	
TITLE	VD	<input checked="" 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	ISZCZUK, OLGA	
STREET ADDRESS	3501 ALGONQUIN RD	
CITY-ST-ZIP	ROLLING MEADOWS IL	

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	VT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Claussen, Ronn L.
2.3 STREET ADDRESS	3501 Algonquin Rd.
2.4 CITY-ST-ZIP	Rolling Meadows, IL 60008
3.1 TITLE	AV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Howard, Michael L.
3.3 STREET ADDRESS	3501 Algonquin Rd.
3.4 CITY-ST-ZIP	Rolling Meadows, IL 60008
4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Ellen, Martin M.
4.3 STREET ADDRESS	3501 Algonquin Rd.
4.4 CITY-ST-ZIP	Rolling Meadows, IL 60008
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 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: *Michael L. Howard*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)