# 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 MAY 10 PM 2:10

DOCUMENT # **830820** **(7)**

1. Corporation Name

**FIRST CHICAGO REALTY SERVICES CORPORATION**

| Principal Place of Business | Mailing Address |
|---|---|
| CONTROL DIV. TAX UNIT SUITE-0308<br>ONE FIRST NATIONAL PLAZA<br>CHICAGO IL 60670-7308 | CONTROL DIV. TAX UNIT SUITE-0308<br>ONE FIRST NATIONAL PLAZA<br>CHICAGO IL 60670-7308 |

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

3. Date Incorporated or Qualified: **09/12/1973**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-2725870** ☐ 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 607.1516, 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's signature required where indicated)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | PD | ☐ DELETE | 1.1 TITLE | ☐ Change ☑ Addition |
| NAME | MALEY, JAMES J | | 1.2 NAME | VP Izzo Robert J. |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | | 1.3 STREET ADDRESS | ONE FIRST NATIONAL PLAZA |
| CITY-ST-ZIP | CHICAGO, IL 00000 | | 1.4 CITY-ST-ZIP | Chicago, IL |
| TITLE | VD | ☒ DELETE | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | MCGEE, PHILLIP E. | | 2.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO, IL 00000 | | 2.4 CITY-ST-ZIP | 800001823888 |
| TITLE | V | ☐ DELETE | 3.1 TITLE | -05/16/96--01015--015 Addition |
| NAME | BOWER, THOMAS T | | 3.2 NAME | ****225.00 ****225.00 |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO, IL 00000 | | 3.4 CITY-ST-ZIP | |
| TITLE | T | ☐ DELETE | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | ROBERTS, WILLIAM J. | | 4.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO, IL 00000 | | 4.4 CITY-ST-ZIP | |
| TITLE | AT | ☐ DELETE | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | DONOVAN, JAMES E. | | 5.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO, IL 00000 | | 5.4 CITY-ST-ZIP | |
| TITLE | S | ☐ DELETE | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | HABICHT, PATRICIA T | | 6.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | CHICAGO, IL 00000 | | 6.4 CITY-ST-ZIP | |

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:** James E Donovan 5/6/96 (312) 407-8452
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JAMES E DONOVAN

CR2E034 (12/95)