

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

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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90018 026 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 830820

1. Corporation Name

FIRST CHICAGO REALTY SERVICES CORPORATION

Principal Place of Business Mailing Address
 CONTROL DIV. TAX UNIT SUITE 0308
 ONE FIRST NATIONAL PLAZA SAME AS PRINCIPAL PLACE OF
 CHICAGO, IL 60670 BUSINESS

DO NOT WRITE IN THIS SPACE

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

| | |
|--|--------------------------------|
| 3. Date Incorporated or Qualified | Applied For |
| 09/12/1973 | Not Applicable |
| 4. FEI Number | |
| 36-2725870 | |
| 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 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 | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MALEY, JAMES J. | 1.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL | 1.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | IZZO, ROBERT J. | 2.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL | 2.4 CITY - ST - ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BOWER, THOMAS T. | 3.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL | 3.4 CITY - ST - ZIP | |
| TITLE | T <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERTS, WILLIAMS J. | 4.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL | 4.4 CITY - ST - ZIP | |
| TITLE | AT <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WULF, CLARK J. | 5.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, IL | 5.4 CITY - ST - ZIP | |
| TITLE | S <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HABICHT, PATRICIA T | 6.2 NAME | |
| STREET ADDRESS | ONE FIRST NATIONAL PLAZA | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO, 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)(f), 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] CLARK J. WULF 4/14/99 312-407-8120
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #