

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

**FILED**

**May 06 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 # 831838 (8)**

1. Corporation Name  
**NORTRUST REALTY MANAGEMENT, INC.**



Principal Place of Business Mailing Address  
**C/O CORPORATE TAX, M-11  
50 S LA SALLE STREET  
CHICAGO IL 60675**

3. Date Incorporated or Qualified <b>02/15/1974</b>	3a. Date of Last Report <b>04/16/1996</b>
4. FEI Number <b>36-2788360</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. <b>c/o Peggy Walsh, M-9</b>
22. City & State	27. City & State
23. Zip	28. <b>Chicago, Illinois</b>
24. Country	29. Zip
25. Country	30. <b>60675</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>JAROSZ, JOSEPH M.</b>	1.2 NAME	<b>P. D. Wayne LaChance</b>
STREET ADDRESS	<b>50 S. LASALLE ST</b>	1.3 STREET ADDRESS	<b>50 South LaSalle Street</b>
CITY - ST - ZIP	<b>CHICAGO IL</b>	1.4 CITY - ST - ZIP	<b>Chicago, IL</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENZA, DIANE</b>	2.2 NAME	
STREET ADDRESS	<b>50 S. LASALLE ST</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NELLIGAN, JOSEPH H.</b>	3.2 NAME	
STREET ADDRESS	<b>50 S. LASALLE ST</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>O</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANOVSKY, BRUCE C</b>	4.2 NAME	
STREET ADDRESS	<b>50 S. LASALLE STREET</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANTONI, VICTORIA</b>	5.2 NAME	
STREET ADDRESS	<b>50 S. LASALLE ST.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>O</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LORRAINE A GIBAS</b>	6.2 NAME	
STREET ADDRESS	<b>50 S. LASALLE ST</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>CHICAGO IL</b>	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)(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: **Bruce C Janovsky** DATE: **4/17/97** DAYTIME PHONE: **(312) 630-6248**

CR2E034 (9/96)