FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 MAY -1 AM 11:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P32021~~ ~~(N)~~

1. Corporation Name

FNBC PROPERTIES INC

835354

000001492670
-05/17/95--01183--023
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
ONE FIRST NATIONAL PLAZA, 19TH FLOOR CHICAGO IL 60670-7309	ONE FIRST NATIONAL PLAZA, 19TH FLOOR CHICAGO IL 60670-7309

3. Date Incorporated or Qualified: 11/07/75
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 36-2848548 — Applied / Not Applied

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May be Added to Fee

8. This corporation has liability for intangible tax under S. 199.03 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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	PD	1.1 TITLE		☐ Change ☐
NAME	MALEY, JAMES J.	1.2 NAME		
STREET ADDRESS	ONE FIRST NAT. PLAZA	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE		☐ Change ☐
NAME	DIBERNARDO, RICHARD J	2.2 NAME		
STREET ADDRESS	ONE FIRST NAT. PLAZA	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐
NAME	HABICHT, PATRICIA T.	3.2 NAME		
STREET ADDRESS	ONE FIRST NAT. PLAZA	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐
NAME	ROBERTS, WILLIAM J.	4.2 NAME		
STREET ADDRESS	ONE N. DEARBORN, 14TH FL	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE		☐ Change ☐
NAME	MCGEE, PHILLIP E.	5.2 NAME		
STREET ADDRESS	ONE FIRST NAT. PLAZA	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP		
TITLE	AT	6.1 TITLE	DEA	☐ Change ☐
NAME	DONOVAN, JAMES E	6.2 NAME		
STREET ADDRESS	ONE FIRST NAT PLAZA	6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	5-1-95	

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 4-28-95 (312) 407-5052
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

James E. Donovan