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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # **835746**

1. Corporation Name
NORLEASE, INC.

Principal Place of Business	Mailing Address
%CORPORATE TAX M-11 50 SOUTH LASALLE STREET CHICAGO IL 60675 US	%P WALSH 50 S LASALLE ST 50 S LASALLE ST. LEGAL DEPT M-9 CHICAGO IL 60675 US

DO NOT WRITE IN THIS SPACE

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 Qualifed: 02/04/1976

4. FEI Number: 36-2748768 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	PAPE, J. JAY		1.2 NAME		
STREET ADDRESS	50 SOUTH LASALLE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP		
TITLE	~~AS~~	☐ DELETE	2.1 TITLE	DS	☒ Change ☐ Addition
NAME	~~TRABARIS, KEVIN~~		2.2 NAME	Kelley, John A	
STREET ADDRESS	50 SOUTH LASALLE ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60675		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	JANOVSKY, BRUCE C		3.2 NAME		
STREET ADDRESS	50 S. LASALLE STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, ERIC G.		4.2 NAME		
STREET ADDRESS	50 S. LA SALLE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DAVIS, GLENN P		5.2 NAME		
STREET ADDRESS	50 S LASALLE ST		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	~~LAFFERTY, J. SCOTT~~		6.2 NAME	Lafferty, Jr., J. Scott	
STREET ADDRESS	~~50 SOUTH LAFFERTY ST~~		6.3 STREET ADDRESS	50 South LaSalle Street	
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP		

CR2E034 (11/98)

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: [illegible] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 3/16/99 Date — 312-632-6648 Daytime Phone #