

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90002 001 ***550.00



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

PROFIT CORPORATION
 ANNUAL REPORT
1999

DOCUMENT # **838458**

1. Corporation Name
MARSHALL AND STEVENS INCORPORATED

Principal Place of Business
 707 WILSHIRE BLVD
 5200
 LOS ANGELES CA 90017
 US

Mailing Address
 707 WILSHIRE BLVD
 5200
 LOS ANGELES CA 90017
 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

2a. Mailing Address
 26 **1011 E. Towhy Ave,**
 Suite, Apt. #, etc. **Suite 400**
 27 **Deplaine, IL**
 City & State
 28
 Zip Country
 29 **60018** 30 **USA**

3. Date Incorporated or Qualified
05/19/1977

4. FEI Number
36-2919252 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 owes the current year Intangible Personal Property. 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

TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	SANTARSIERO, M.W.	
STREET ADDRESS	707 WILSHIRE BLVD 5200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	ATKINS, MERLE	
STREET ADDRESS	1700 MARKET STR #1510	
CITY-ST-ZIP	PHILADELPHIA PA	
TITLE	PCEO	<input type="checkbox"/> DELETE
NAME	SHADE, DAVID	
STREET ADDRESS	707 WILSHIRE B1 5200	
CITY-ST-ZIP	LOS ANGELES CA 90017	
TITLE	COBD	<input type="checkbox"/> DELETE
NAME	KERSLAKE, R	
STREET ADDRESS	707 WILSHIRE BLVD SUITE 5200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	EVPD	<input type="checkbox"/> DELETE
NAME	THOMAS, FRED	
STREET ADDRESS	707 WILSHIRE BLVD 5200	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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: *[Signature]* 8/17/99 (847) 827-9653

CR2E034 (5/99)