SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 PM 10:57

DOCUMENT # **843301** **(3)**

1. Corporation Name
GREAT AMERICAN MANAGEMENT AND INVESTMENT, INC.

Principal Place of Business	Mailing Address
2 NO. RIVERSIDE PLAZA. #800 CHICAGO IL 60606	2 NO. RIVERSIDE PLAZA. #800 CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/23/1979	3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1351398	☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

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)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301	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	VT	11 TITLE	☐ Change ☐ Addition
NAME	ZOELLER, JOHN M	12 NAME	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	
TITLE	S	21 TITLE	☐ Change ☐ Addition
NAME	OBUCKOWSKI, SUSAN	22 NAME	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	
TITLE	VCEO	31 TITLE	☐ Change ☐ Addition
NAME	ZELL, SAM	32 NAME	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	C	41 TITLE	☐ Change ☐ Addition
NAME	HENEGHAN, THOMAS P	42 NAME	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	
TITLE	VT	51 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	FIELD, NORMAN M.	52 NAME	GUS J. ATHAS
STREET ADDRESS	TWO N. RIVERSIDE PLAZA	53 STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	DVGC	61 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, SHELI Z	62 NAME	
STREET ADDRESS	TWO N. RIVERSIDE PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP	

CR2E034 (3/95)

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: Gus J. Athas GUS J. ATHAS 6/14/95 312-906-8206
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0178648 FP