

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Linda H. Myrland
Secretary of State
1995

DOCUMENT # **846405** (9)

CONILL CORPORATION

Principal Name of Business: **231 SOUTH LA SALLE STREET CHICAGO IL 60697**
 Mailing Address: **231 SOUTH LA SALLE STREET CHICAGO IL 60697**

(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business		2a. Mailing Address		3. Date Reported or Quashed	3a. Date of Last Report
21		26		06/30/1980	03/30/1994
4. FEI Number		Applied For		Not Applicable	
5. Certificate of Status Desired		58.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under 1993 Florida Statutes		Yes <input type="checkbox"/> No <input type="checkbox"/>			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION COMPANY OF MIAMI SOUTHEAST FIRST NATIONAL BANK BLDG. MIAMI FL 33131				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		85 Zip Code	

11. Pursuant to the provisions of Sections 607.03(2) and 607.03(3) 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 this for 607.03(3) Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
TITLE	AS TAL, NINA 231 SOUTH LA SALLE ST. CHICAGO IL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VDS HALLAGAN, KEVIN J 231 SO LASALLE STR CHICAGO IL	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	CD HIGGINS, JOHN J 231 SO LASALLE STR CHICAGO IL	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PD SHERMAN, ROGER H 231 SO LASALLE STR CHICAGO IL	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	APD SERBUS, ALLAN L 231 SO LASALLE STR CHICAGO IL	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PO BOHATY, ROBERT J 231 SO LASALLE STR CHICAGO IL	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that the information is true and correct as of the date of filing. I am a resident of the State of Florida and I am a resident of the State of Florida. I am a resident of the State of Florida. I am a resident of the State of Florida.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 5-1-95 312-828-6491