

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Dorinda B. Matthews
Secretary of State
Tallahassee, Florida 32399-0001

**APPROVED
AND
FILED**

95 MAY -1 PM 1:55

DOCUMENT # 847866

(1)

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CONTINENTAL ILLINOIS COMMERCIAL CORPORATION

Principal Place of Business

Managing Office

**231 SOUTH LA SALLE STREET
CHICAGO IL 60697**

**231 SOUTH LA SALLE STREET
CHICAGO IL 60697**

DO NOT WRITE IN THIS SPACE

2. Filing of Report of Business		3a. Date of Last Report	
21. State Agent's Office		3b. Date of Last Report	
22. City & State		3c. Date of Last Report	
23. City & State		3d. Date of Last Report	
24. City & State		3e. Date of Last Report	
25. City & State		3f. Date of Last Report	
26. City & State		3g. Date of Last Report	
27. City & State		3h. Date of Last Report	
28. City & State		3i. Date of Last Report	
29. City & State		3j. Date of Last Report	
30. City & State		3k. Date of Last Report	

3. Date of Report (See 2a)	3a. Date of Last Report
01/05/1981	03/30/1994
4. Filing Number	Applied For
36-3101574	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. Trust Fund Contribution	
8. Does corporation have liability for intangible tax under 1992 Act?	
Yes	No

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. City	
84. City	FL 85. Zip Code

11. I, the undersigned, being duly sworn, depose and say that the foregoing is a true and correct statement of the facts and circumstances as the same appear to me, and I am not aware of any facts or circumstances which would render the foregoing statement false or misleading.

SUBSCRIBER'S NAME AND ADDRESS: _____

12. NAME AND ADDRESS OF OFFICER OR DIRECTOR	13. NAME AND ADDRESS OF OFFICER OR DIRECTOR
NAME: CD ONEILL, MICHAEL E. 231 SO. LASALLE ST. CHICAGO IL	NAME: _____ ADDRESS: _____
NAME: S TAI, NINA 231 SO. LASALLE ST. CHICAGO IL	NAME: _____ ADDRESS: _____
NAME: T JAVINSKY, IRWIN M. 231 SO. LASALLE ST. CHICAGO IL	NAME: _____ ADDRESS: _____
NAME: AS HALLAGAN, KEVIN J. 231 SO. LASALLE ST. CHICAGO IL	NAME: _____ ADDRESS: _____
NAME: V NOCCO, BRIAN W. 231 SO. LASALLE ST. CHICAGO IL	NAME: _____ ADDRESS: _____
NAME: VCD MURRAY, MICHAEL J. 231 SO. LASALLE ST. CHICAGO IL	NAME: _____ ADDRESS: _____

Peet, Gary R.

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14. I hereby certify that the information supplied with this document is true and correct, and that I am not aware of any facts or circumstances which would render the foregoing statement false or misleading.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-95

312-828-6491