

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **849030** (2)

1. Corporation Name
AMBCO CAPITAL CORPORATION



Principal Place of Business: **1501 WOODFIELD ROAD SUITE 300E SCHAUMBURG IL 60173-3000**
Mailing Address: **1501 WOODFIELD ROAD SUITE 300E SCHAUMBURG IL 60173-3000**

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country
26. Mailing Address
27. State, Apt. #, etc.
28. City & State
29. Zip
30. Country

3. Date Incorporated or Qualified: **05/04/1981**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-2816344**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

**GILSON, THEODORE
% GILSON, ROBERT
5345 SOUTHWICK DR
TAMPA FL 33624**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code
FL

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

Signature of Registered Agent (if registered agent is different from officer or director)

Signature of Registered Agent (signature required when not stating)

DATE

OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS
[] DELETE
1. NAME: **CARR, JOHN P**
2. STREET ADDRESS: **61 BROADWAY, 33RD FLOOR**
3. CITY-STATE-ZIP: **NEW YORK NY 10006**
4. TITLE: **VD**
[] DELETE
1. NAME: **SULLIVAN, LAWRENCE**
2. STREET ADDRESS: **625 BRIERHILL ROAD**
3. CITY-STATE-ZIP: **DEERFIELD IL 60015**
4. TITLE: **VTD**
[] DELETE
1. NAME: **PERSKY, BURTON**
2. STREET ADDRESS: **6509 N WASHTENAW**
3. CITY-STATE-ZIP: **CHICAGO, IL 00000 60645**
4. TITLE: **PD**
[] DELETE
1. NAME: **PHELAN, FRANCIS J**
2. STREET ADDRESS: **301 MARTINGALE DR**
3. CITY-STATE-ZIP: **BARTLETT, IL 00000 60103**
4. TITLE: **D**
[] DELETE
1. NAME: **HASKOWITZ, HOWARD**
2. STREET ADDRESS: **61 BROADWAY, 33RD FLOOR**
3. CITY-STATE-ZIP: **NEW YORK NY 10006**
4. TITLE: **D**
[] DELETE
1. NAME: **YERRILL, VICTOR M**
2. STREET ADDRESS: **61 BROADWAY, 33RD FLOOR**
3. CITY-STATE-ZIP: **NEW YORK NY 10006**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
[] Change [] Addition
1. 1. TITLE
2. 2. NAME
3. 3. STREET ADDRESS
4. 4. CITY-STATE-ZIP
5. 5. TITLE
6. 6. NAME
7. 7. STREET ADDRESS
8. 8. CITY-STATE-ZIP
9. 9. TITLE
10. 10. NAME
11. 11. STREET ADDRESS
12. 12. CITY-STATE-ZIP
13. 13. TITLE
14. 14. NAME
15. 15. STREET ADDRESS
16. 16. CITY-STATE-ZIP

14. I 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)(k), 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: *Anton Perry VP*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 24, 1996 (708) 330-3082
DATE DAYTIME PHONE #

CR2E034 (12/95)