

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**  
**May 01 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 849439**  
 1. Corporation Name  
**FINANCIAL RESERVE, INCORPORATION**

Principal Place of Business <b>c/o Citibank                  500 West Madison St.                  Chicago, IL 60661</b>	Mailing Address <b>Financial Reserve, Incorporated                  c/o Citibank Legal Department                  500 W. Madison St., 8th Floor                  Chicago, IL 60661</b>
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3. Date Incorporated or Qualified <b>06/16/81</b>	3a. Date of Last Report <b>4/19/1996</b>
4. FEI Number <b>36-3155947</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

**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 \_\_\_\_\_ (NOTE: Registered Agent Signature Required when Applicable) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	DPAS <input type="checkbox"/> DELETE
NAME	Tuck, Louise E.
STREET ADDRESS	500 W. Madison St., 5th Floor
CITY-ST-ZIP	Chicago, IL 60661
TITLE	D <input type="checkbox"/> DELETE
NAME	Csar, Christopher F.
STREET ADDRESS	500 W. Madison St., 5th Floor
CITY-ST-ZIP	Chicago, IL 60661
TITLE	VPAS <input type="checkbox"/> DELETE
NAME	Saul, Clarence
STREET ADDRESS	500 W. Madison St., 5th Floor
CITY-ST-ZIP	Chicago, IL 60661
TITLE	S <input type="checkbox"/> DELETE
NAME	Lock, Dale C.
STREET ADDRESS	One Sansome St., 27th Floor
CITY-ST-ZIP	San Francisco, CA 94104
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

**300002167063**  
**-05/06/97--01042--014**  
**\*\*\*165.00**

14. I do 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 appointment with an address.

SIGNATURE: Christopher F. Csar, Director 4/24/97 (312)627-3925  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)