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CORPORATION
ANNUAL REPORT
1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 PM 1:38

DOCUMENT # 852287 (2)

1. Corporation Name

FOX AND GROVE, CHARTERED, INCORPORATED

Principal Place of Business	Mailing Address
311 S WACKER DR STE 6200 CHICAGO IL 60606-6622 US	311 S WACKER DR STE 6200 CHICAGO IL 60606-6622 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/22/1982
3a. Date of Last Report: 03/25/1994
4. FEI Number: 36-3030380 ☐ 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

ABBEY, DAVID
360 CENTRAL AVE
11TH FLOOR
ST. PETERSBURG FL 33701

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FOX, SHAYLE P.	12 NAME	
STREET ADDRESS	ONE ROCKGATE LANE	13 STREET ADDRESS	
CITY-ST-ZIP	GLENCOE IL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	GROVE, KALVIN M.	22 NAME	
STREET ADDRESS	3846 MEDFORD CIRCLE	23 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	COHEN, LAWRENCE M.	32 NAME	
STREET ADDRESS	1023 SHERIDAN ROAD	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	PINCUS, S. RICHARD	42 NAME	
STREET ADDRESS	215 WEST ILLINOIS	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	KOFOED, RUSSELL M.	52 NAME	
STREET ADDRESS	807 LINDEN	53 STREET ADDRESS	
CITY-ST-ZIP	WILMETTE IL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GOLDMAN, JEFFREY S.	62 NAME	
STREET ADDRESS	637 CHARLEMAGNE DRIVE	63 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	64 CITY-ST-ZIP	

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: [signature] SHAYLE P. FOX 2/6/95 312-876-0500
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

040055 FP