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Feb 11, 1999 8:00am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 852287

1. Corporation Name

FOX AND GROVE, CHARTERED, INCORPORATED

Principal Place of Business

311 S WACKER DR
STE 6200
CHICAGO IL 60606-6622
US

Mailing Address

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

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ 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

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE

NAME FOX, SHAYLE P.
STREET ADDRESS ONE ROCKGATE LANE
CITY-ST-ZIP GLENCOE IL

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VSD ☐ DELETE

NAME GROVE, KALVIN M.
STREET ADDRESS 3110 2ND STREET WEST
CITY-ST-ZIP PASS-A-GRIFFE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME COHEN, LAWRENCE M.
STREET ADDRESS 1023 SHERIDAN ROAD
CITY-ST-ZIP CHICAGO IL

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME PINCUS, S. RICHARD
STREET ADDRESS 215 WEST ILLINOIS
CITY-ST-ZIP CHICAGO IL

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME KOFOED, RUSSELL M.
STREET ADDRESS 807 LINDEN
CITY-ST-ZIP WILMETTE IL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GOLDMAN, JEFFREY S.
STREET ADDRESS 637 CHARLEMAGNE DRIVE
CITY-ST-ZIP NORTHBROOK IL

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)