FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # 852354 (0)

1. Corporation Name
FMG, INC.

Principal Place of Business
C/O HYATT CORPORATION
200 W MADISON, SUITE 4100
CHICAGO IL 60606
US

Mailing Address
C/O HYATT CORPORATION
200 W MADISON, SUITE 4100
CHICAGO IL 60606
US

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: 03/26/1982
3a. Date of Last Report: 04/13/1994
4. FEI Number: 36-3081167 ☐ 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

UNITED STATES CORPORATION COMPANY
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: UNITED STATES CORPORATION COMPANY
82 Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET
83 SUITE 105
84 City: TALLAHASSEE FL 85 Zip Code: 32301

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

TITLE	D
NAME	~~PRITZKER, JOHN~~
STREET ADDRESS	200 W MADISON
CITY ST ZIP	CHICAGO IL
TITLE	VSD
NAME	HANDELSMAN, HAROLD S.
STREET ADDRESS	200 MADISON
CITY ST ZIP	CHICAGO IL
TITLE	PTD
NAME	POSNER, KENNETH R.
STREET ADDRESS	200 MADISON
CITY ST ZIP	CHICAGO IL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE	Director	☒ Change ☐ Addition
1 2 NAME	Richard L. Schulze	
1 3 STREET ADDRESS	200 West Madison	
1 4 CITY ST ZIP	Chicago, IL 60606	
2 1 TITLE		☐ Change ☐ Addition
2 2 NAME		
2 3 STREET ADDRESS		
2 4 CITY ST ZIP		
3 1 TITLE		☐ Change ☐ Addition
3 2 NAME		
3 3 STREET ADDRESS		
3 4 CITY ST ZIP		
4 1 TITLE	Vice President	☐ Change ☒ Addition
4 2 NAME	Frank Borg	
4 3 STREET ADDRESS	200 West Madison	
4 4 CITY ST ZIP	Chicago, IL 60606	
5 1 TITLE		☐ Change ☐ Addition
5 2 NAME		
5 3 STREET ADDRESS		
5 4 CITY ST ZIP		
6 1 TITLE		☐ Change ☐ Addition
6 2 NAME		
6 3 STREET ADDRESS		
6 4 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: Kenneth R. Posner — April 11, 1995 — 312-750-1234
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Kenneth R. Posner, President & Treasurer

0305407 CP