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May 13 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 852416 (7)
1. Corporation Name
CHILPUB, INC.



Principal Place of Business
200 SOUTH WACKER DRIVE
SUITE 700
CHICAGO IL 60606-2802

Mailing Address
200 SOUTH WACKER DRIVE
SUITE 700
CHICAGO IL 60606-2802

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/01/1982	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-3111509	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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	1.1 TITLE	
NAME	GAUVREAU, PAUL R.	1.2 NAME	
STREET ADDRESS	200 S WACKER DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	VT	2.1 TITLE	
NAME	RICE, HAROLD E.	2.2 NAME	
STREET ADDRESS	26802 SR 54 W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESLEY CHAPEL FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	HARRIS, KING	3.2 NAME	
STREET ADDRESS	200 S WACKER DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	HARRIS, NEISON	4.2 NAME	
STREET ADDRESS	333 SKOKIE BLVD #114	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	SCHWARTZ, EDWARD	5.2 NAME	
STREET ADDRESS	2000 S. WACKER DRIVE	5.3 STREET ADDRESS	200 S. WACKER DR.
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	
NAME	ZERMUEHLEN, WILLIAM A.	6.2 NAME	
STREET ADDRESS	200 S WACKER DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

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.

SIGNATURE

[Signature]

[Signature]

200 S. WACKER DR.

CR2E034 (10/97)