

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 855332 (3)			
1. Corporation Name STEINER COMPANY, INC.			
Principal Place of Business 1 EAST SUPERIOR ST. CHICAGO, IL 60611-2507		Mailing Address 1 EAST SUPERIOR ST CHICAGO IL 60611-2507	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 01/25/1983		3a. Date of Last Report 05/01/1995	
4. FEI Number 87-0384532		Applied For <input type="checkbox"/> Not Applicable \$8.75 Additional Fee Required	
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T Corporation System 1200 South 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 _____ 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 <input checked="" type="checkbox"/> P/D <input type="checkbox"/> DELETE NAME MARCHESI, GUY STREET ADDRESS 1 EAST SUPERIOR ST CITY-ST-ZIP CHICAGO, IL 60611		1.1 TITLE S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME PIECEWICZ, WALTER 1.3 STREET ADDRESS 200 E RANDOLPH STE 7300 1.4 CITY-ST-ZIP CHICAGO IL 60601	
TITLE <input checked="" type="checkbox"/> V/D <input type="checkbox"/> DELETE NAME STEINER, RUSSELL C. STREET ADDRESS 1 EAST SUPERIOR ST CITY-ST-ZIP CHICAGO, IL 60611		2.1 TITLE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME MARK TRUXAL 2.3 STREET ADDRESS 1 EAST SUPERIOR ST 2.4 CITY-ST-ZIP CHICAGO, IL 60611	
TITLE <input checked="" type="checkbox"/> S <input type="checkbox"/> DELETE NAME STEINER, K K STREET ADDRESS 505 EAST SOUTH TEMPLE CITY-ST-ZIP SALT LAKE CITY, UT 84102		3.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> D <input type="checkbox"/> DELETE NAME CEDARQUIST, WEYLAND STREET ADDRESS 69 W WASHINGTON CITY-ST-ZIP CHICAGO, IL 60602		4.1 TITLE V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME GREG FACHET 4.3 STREET ADDRESS 1 EAST SUPERIOR ST 4.4 CITY-ST-ZIP CHICAGO IL 60611	
TITLE <input type="checkbox"/> <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input checked="" type="checkbox"/> C/C/E <input type="checkbox"/> DELETE NAME STEINER, R.L. STREET ADDRESS 1 EAST SUPERIOR ST CITY-ST-ZIP CHICAGO IL 60611		6.1 TITLE 100001845531 <input type="checkbox"/> Addition 6.2 NAME -05/31/96--01041--039 6.3 STREET ADDRESS ***200.00 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)(k), 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: <u>Kevin K. Steiner</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04/30/96 801/328-8831 Date Daytime Phone #	

CR2E034 (1/2/95)