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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # **F05197** **(1)**

1. Corporation Name
ROLLINS HUDIG HALL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
123 N. WACKER DRIVE 26TH FLOOR CHICAGO IL 60606 US	123 N. WACKER DR 26TH FLOOR CHICAGO IL 60606 US

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

3. Date Incorporated or Qualified: **11/12/1980**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **58-1414112** ☐ 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

CT CORPORATION SYSTEM
1200 S. 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 of a director, president or other officer required.) (NOTE: Registered Agent signature required when name changed.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	QUERN, ARTHUR		1.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	
TITLE	P	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WILCOX, TERRY		2.2 NAME	
STREET ADDRESS	123 N. WACKER DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	JESCHKE, ARLENE		3.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 00000		3.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HANNER, JEROME S.		4.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP	
TITLE	T	☐ DELETE	5.1 TITLE	100001809001 ☐ Change ☐ Addition
NAME	RABIN, PAUL I.		5.2 NAME	-05/06/96--01036--035
STREET ADDRESS	123 NORTH WACKER DR.		5.3 STREET ADDRESS	***200.00
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP	
TITLE	AV	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	GROB, ROBERT		6.2 NAME	
STREET ADDRESS	123 NORTH WACKER DR.		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		6.4 CITY-ST-ZIP	

DEB 5-1-96

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: Robert J. Grob 4-17-96 312-701-3978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)