

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F92000000053 (0)

1. Corporation Name

JMB GROUP-II HOLDINGS, INC.



Principal Place of Business

Mailing Address

180 N LASALLE STREET  
SUITE 3400  
CHICAGO IL 60601  
US

180 N LASALLE STREET  
SUITE 3400  
CHICAGO IL 60601  
US

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

3. Date Incorporated or Qualified

10/29/1992

3a. Date of Last Report

04/26/1995

4. FEI Number

36-3208819

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. 193.032  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 type for previous name of registered agent and office, if applicable

(NOTE: Registered Agent signature required when re-registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE MDS  
NAME NOELL, JOHN W  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE DC  
NAME PERLMUTTER, STEPHEN M  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE AVAS  
NAME CAREY, GAIL  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE T  
NAME SMITH, ROGER E  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE DC  
NAME CLAEYS, JEROME J III  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE DP  
NAME WURTZEBACH, CHARLES H  
STREET ADDRESS 180 N LASALLE STREET  
CITY-ST-ZIP CHICAGO IL ☐ DELETE

11 TITLE ☐ Change ☐ Addition

12 NAME ☐ Change ☐ Addition

13 STREET ADDRESS ☐ Change ☐ Addition

14 CITY-ST-ZIP ☐ Change ☐ Addition

21 TITLE ☐ Change ☐ Addition

22 NAME ☐ Change ☐ Addition

23 STREET ADDRESS ☐ Change ☐ Addition

24 CITY-ST-ZIP ☐ Change ☐ Addition

31 TITLE ☐ Change ☐ Addition

32 NAME ☐ Change ☐ Addition

33 STREET ADDRESS ☐ Change ☐ Addition

34 CITY-ST-ZIP ☐ Change ☐ Addition

41 TITLE ☐ Change ☐ Addition

42 NAME ☐ Change ☐ Addition

43 STREET ADDRESS ☐ Change ☐ Addition

44 CITY-ST-ZIP ☐ Change ☐ Addition

51 TITLE ☐ Change ☐ Addition

52 NAME ☐ Change ☐ Addition

53 STREET ADDRESS ☐ Change ☐ Addition

54 CITY-ST-ZIP ☐ Change ☐ Addition

61 TITLE ☐ Change ☐ Addition

62 NAME ☐ Change ☐ Addition

63 STREET ADDRESS ☐ Change ☐ Addition

64 CITY-ST-ZIP ☐ Change ☐ Addition

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 included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gail Carey  
Gail Carey, Assistant Vice President

7/23/96

(312) 541-6767

Digitized by...

CR2E034 (3/96)