FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra S. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

		F92000 OLDINGS, INC.	00005	3 (0)			
Principal Place of Business Mailing Address						t tobische titte sone tratt solls dater auftit abent dater Markt mead (sit ifter	
180 N LASALLE STREET SUITE 3400 CHICAGO IL 60601			SUITE 3400	180 N LASALLE STREET SUITE 3400 CHICAGO IL 80801			DO NOT WRITE IN THIS SPACE
US			US				3. Date Incorporated or Qualified
							10/29/1992
2. Principal Place of Business			2a. Mailing A	2s. Mailing Address			4. FEI Number Applied For
21			26	26			36-3208819 Not Applicable
Suite, Apt. #, etc.			Suite, Apt	Suite, Apt. #, etc.			\$9.75 Additional
27							5. Certificate of Status Desired Fee Required
City & State			City & Sta	City & State			Election Campaign Financing Trust Fund Contribution Added to Fees
Zip		Country Zip Cou		Country	/	8. This corporation owes or has paid the current year Intangible	
24	2		29		30		Personal Property Tax due June 30. 🔲 Yes 🔲 No
		nd Address of Current TION SYSTEM	t Registered Age	nt .	81	Name	10. Name and Address of New Registered Agent
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					82 83 84		Address (P.O. Box Number is Not Acceptable) 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, typod or printed mann of registered right and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS. IN 12							
TITLE	MDS	OTTIOETTO ZINE		DELETE	1.1 TITLE		MDS Change Addition
NAME	NOELL, J	OHN W	-		1.2 NAME		McCarthy, Thomas D.
STREET ADDRESS		SALLE STREET				T ADDRESS	
CITY-ST-ZIP	CHICAGO				1.4 CITY-5		100 N. Dabatte De.
TITLE	DC			DELETE	2.1 TITLE	51+ZIP	Chicago, II. Change Addition
NAME		ter, stephen M	-		2.2 NAME		بر ب بر
STREET ADDRESS		SALLE STREET			2.3 STREET	T ADDRESS	Ludgin, Mary K.
CITY-ST-ZIP	OUICAOO II					ST-ZIP	TOO N. PROBITE 2C.
TITLE	AVAS		T.	DELETE	3.1 TITLE	V. F.II	Chicago, II McChange Addition
NAME	CAREY, G	AIL			3.2 NAME		VP/AS
STREET ADDRESS	180 N LA	SALLE STREET			3.3 STREET		, (
CITY-ST-ZIP	CHICAGO				3 4. CITY-		
TRLE	T			DELETE	4.1 TITLE	<u> </u>	Change Addition
NAME	SMITH, R	oger e			4.2 NAME		
STREET ADDRESS		SALLE STREET				T ADDRESS	s
CITY-ST-ZIP	CHICAGO				4.4 CITY-1		
TITLE	DC			DELETE	5.1 TITLE		Change Addition
NAME	CLAEYS,	JEROME J XI			5.2 NAME		
STREET ADDRESS	180 N LA	SALLE STREET			5.3 STREE	T ADDRESS	s]
CITY-ST-ZIP	CHICAGO	IL .			5.4 CITY-5		il il
TITLE	DP -			DELETE	6.1 TITLE		☐ Change ☐ Addition

14. Thereby 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

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

WURTZEBACH, CHARLES H

180 N LASALLE STREET

CHICAGO IL

FILED

Mar 18 1998 8:00am

Secretary of State