FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # F92000000339 (3)

1. Corporation Name

JMB/MIAMI INVESTORS, INC.

Principal Place of Business	Mailing Address
900 NORTH MICHIGAN AVENUE CHICAGO IL 60611	900 NORTH MICHIGAN AVENUE CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 05/03/1994
4. FEI Number: 36-3552911 — 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

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

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 ______ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	V/G/D ☐ Change XX Addition
NAME	NICKELE, GARY	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	CITY-ST-ZIP	
TITLE	P	TITLE	☐ Change ☐ Addition
NAME	BLUHM, NEIL G	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	CITY-ST-ZIP	
TITLE	V	TITLE	V XX Change ☐ Addition
NAME	CHAPMAN, ROBERT J	NAME	H. Rigel Barber
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	900 N. Michigan Avenue
CITY-ST-ZIP	CHICAGO IL 60611	CITY-ST-ZIP	Chicago, IL 60611
TITLE	S	TITLE	S/AVP ☐ Change XX Addition
NAME	YATES, KEVIN B	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	CITY-ST-ZIP	
TITLE	T	TITLE	VP/T ☐ Change XX Addition
NAME	KOGEN, HOWARD	NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: Kevin B. Yates 4-27-95 (312)915-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0386530 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

DOCUMENT # F92000000342 (7)

1. Corporation Name

INCOME GROWTH MANAGERS, INC.

Principal Place of Business	Mailing Address
900 NORTH MICHIGAN AVENUE CHIGACO IL 60611	900 NORTH MICHIGAN AVENUE CHIGACO IL 60611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/19/1992
3a. Date of Last Report: 05/03/1994
4. FEI Number: 36-3510798 — 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D/V/GC ☐ Change XX Addition
NAME	NICKELE, GARY	1.2 NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	1.4 CITY-ST-ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	BLUHM, NEIL G	2.2 NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	BARBER, H R	3.2 NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S/AV ☐ Change XX Addition
NAME	YATES, KEVIN B	4.2 NAME	
STREET ADDRESS	900 N. MICHIGAN AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	T/V ☐ Change XX Addition
NAME	KOGEN, HOWARD	5.2 NAME	
STREET ADDRESS	900 NORTH MICHIGAN AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60611	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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] Kevin B. Yates 4-27-95 (312)915-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0388581 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE

DOCUMENT # F92000000420 (1)

1. Corporation Name

UNIRISC, INC.

Principal Place of Business	Mailing Address
C/O C T CORPORATION SYSTEM 123 N. WACKER DR., 26 FLOOR CHICAGO IL 60606	C/O C T CORPORATION SYSTEM 123 N. WACKER DR., 26 FLOOR CHICAGO IL 60606

2. Principal Place of Business / 2a. Mailing Address

Pricipal Place of Bus./Mailing Address
123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606
County: COOK

3. Date Incorporated or Qualified: 11/30/1992

3a. Date of Last Report: 05/01/1994

4. FEI Number: 36-3851531

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 the Florida Statute: X Yes 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

12. OFFICERS AND DIRECTORS

Title	Name	Street Address	City-St-Zip
T	RABIN, PAUL I	123 N. WACKER DRIVE	CHICAGO IL
CD	QUERN, ARTHUR F	123 N. WACKER DRIVE	CHICAGO IL
AV	GROB, ROBERT	123 N. WACKER DRIVE	CHICAGO IL 60606
V	HANNER, JEROME S	123 N. WACKER DRIVE	CHICAGO IL
S	LYCZKO, CATHERINE M	123 N. WACKER DRIVE	CHICAGO IL
V	MCKEAN, PAUL A	123 N. WACKER DRIVE	CHICAGO IL 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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, 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 or is attached with an address.

SIGNATURE: Robert Grob ROBERT GROB 4/26/95 312-701-3978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0388433 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

TALLAHASSEE, FLORIDA

DOCUMENT # F92000000422 (7)

1. Corporation Name
ARLP, INC.

Principal Place of Business
900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611

Mailing Address
900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/30/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 58-1809809 — 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

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	MILLER, ERNEST M JR.
STREET ADDRESS	7900 GLADES ROAD
CITY-ST-ZIP	BOCA RATON FL 33429
TITLE	S
NAME	YATES, KEVIN B
STREET ADDRESS	900 NORTH MICHIGAN
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	T
NAME	LOVELETTE, STEVEN A
STREET ADDRESS	900 NORTH MICHIGAN
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	D
NAME	NICKELE, GARY
STREET ADDRESS	900 NORTH MICHIGAN
CITY-ST-ZIP	CHICAGO IL 60611
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	P	[X] Change ☐ Addition
1 NAME	James D. Motta	
1 STREET ADDRESS	7900 Glades Road	
1 CITY-ST-ZIP	Boca Raton, FL 33434	
2 TITLE	S/AVP	☐ Change [X] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	VP	[X] Change ☐ Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	D/VP/GC	☐ Change [X] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	T	☐ Change [X] Addition
5 NAME	Howard Kogen	
5 STREET ADDRESS	900 N. Michigan Avenue	
5 CITY-ST-ZIP	Chicago, IL 60611	
6 TITLE		☐ Change ☐ Addition
6 NAME		
6 STREET ADDRESS		
6 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(i)(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: [signature] Kevin B. Yates — 4-27-95 — (312)915-1936

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0385562 CP