

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra H. Rouseff
Secretary of State
CONSUMER & BUSINESS SERVICES

APPROVED
AND
FILED

05 MAY 1996

DOCUMENT # F92000000339 (3)

The Corporation Name

JMB/MIAMI INVESTORS, INC.

SECRET
FBI/DOJ

Previous Name of Corporation: **900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611**
Mailing Address: **900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611**

DO NOT WRITE IN THIS SPACE

2. Previous Name of Corporation		2a. Mailing Address		3. Date incorporated or qualified		3a. Date of Last Report	
				11/19/1992		05/03/1994	
21. State App # etc	26. State App # etc	4. FEI Number		Applied For		Not Applicable	
22. City & State	27. City & State	36-3552911					
23. City & State	28. City & State	5. Certificate of Status Desired		☐		\$8.75 Additional Fee Required	
24. City & State	29. City & State	6. Election Campaign Financing Trust Fund Contribution		☐		\$5.00 May Be Added to Fees	
25. City & State	30. City & State	8. This corporation has liability for intangible tax under S. 199.039, 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. City			
				84. City			
				85. Zip Code			
				FL			

11. Pursuant to the provisions of Sections 607.0607 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, Sections 607.0607, 607.1508, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY & STATE	TITLE	NAME	STREET ADDRESS	CITY & STATE
D	NICKELE, GARY	900 NORTH MICHIGAN AVENUE	CHICAGO IL 60611	V/G/D			
P	BLUHM, NEIL G	900 NORTH MICHIGAN AVENUE	CHICAGO IL 60611				
V	CHAPMAN, ROBERT J	900 NORTH MICHIGAN AVENUE	CHICAGO IL 60611	V	H. Rigel Barber	900 N. Michigan Avenue	Chicago, IL 60611
S	YATES, KEVIN B	900 NORTH MICHIGAN AVENUE	CHICAGO IL 60611	S/AVP			
T	KOGEN, HOWARD	900 NORTH MICHIGAN AVENUE	CHICAGO IL 60611	VP/T			

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct, 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 registered agent or authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or attached to this filing as required by Chapter 607, Florida Statutes.

SIGNATURE: *Kevin B. Yates* **Kevin B. Yates 4-27-95** **(312)915-1936**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Darwin B. Warrick
Secretary of State
CHANCERY OF COMMERCE, 200

**APPROVED
AND
FILED**

5/11/95 11:10 AM

STATE OF FLORIDA

DOCUMENT # F92000000342 (7)

1. Corporation Name

INCOME GROWTH MANAGERS, INC.

(X) (NOT APPLICABLE) IN THIS SPACE

3. Date of Incorporation or Qualification: **11/19/1992**
3a. Date of Last Report: **05/03/1994**

4. FFI 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☒ No

2. Principal Place of Business

**900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611**

2a. Mailing Address

**900 NORTH MICHIGAN AVENUE
CHICAGO IL 60611**

21. State, Apt. #, etc.

26. State, Apt. #, etc.

22. City & State

27. City & State

23. Zip

28. Zip

Country

24. Country

29. Country

30. Country

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 of Registered Agent or Secretary of Corporation)

(Signature of Registered Agent or Secretary of Corporation)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 NAME: **D NICKELE, GARY**
12.2 STREET ADDRESS: **900 NORTH MICHIGAN AVENUE**
12.3 CITY, ST, ZIP: **CHICAGO IL 60611**

13.1 NAME: **D/V/GC** ☐ Change ☒ Addition

12.4 NAME: **P BLUHM, NEIL G**
12.5 STREET ADDRESS: **900 NORTH MICHIGAN AVENUE**
12.6 CITY, ST, ZIP: **CHICAGO IL 60611**

13.2 NAME: ☐ Change ☐ Addition

12.7 NAME: **V BARBER, H R**
12.8 STREET ADDRESS: **900 NORTH MICHIGAN AVENUE**
12.9 CITY, ST, ZIP: **CHICAGO IL 60611**

13.3 NAME: ☐ Change ☐ Addition

12.10 NAME: **S YATES, KEVIN B**
12.11 STREET ADDRESS: **900 N. MICHIGAN AVE.**
12.12 CITY, ST, ZIP: **CHICAGO IL 60611**

13.4 NAME: **S/AV** ☐ Change ☒ Addition

12.13 NAME: **T KOGEN, HOWARD**
12.14 STREET ADDRESS: **900 NORTH MICHIGAN AVENUE**
12.15 CITY, ST, ZIP: **CHICAGO IL 60611**

13.5 NAME: **T/V** ☐ Change ☒ Addition

12.16 NAME: **T KOGEN, HOWARD**
12.17 STREET ADDRESS: **900 NORTH MICHIGAN AVENUE**
12.18 CITY, ST, ZIP: **CHICAGO IL 60611**

13.6 NAME: ☐ Change ☐ Addition

12.19 NAME: **T KOGEN, HOWARD**
12.20 STREET ADDRESS: **900 NORTH MICHIGAN AVENUE**
12.21 CITY, ST, ZIP: **CHICAGO IL 60611**

13.7 NAME: ☐ Change ☐ Addition

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF DUTYING OFFICER OR DIRECTOR

Kevin B. Yates 4-27-95

(312)915-1936

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FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399-0001
Telephone: (904) 493-0001
Fax: (904) 493-0002

DOCUMENT # F9200000420 (1)

1. Corporation Name

UNIRISC, INC.

Principal Place of Business

**C/O C T CORPORATION SYSTEM
123 N. WACKER DR., 26 FLOOR
CHICAGO IL 60606**

Mailing Address

**C/O C T CORPORATION SYSTEM
123 N. WACKER DR., 26 FLOOR
CHICAGO IL 60606**

(Do Not Write in This Space)

3. Date of Corporation's Incorporation	38. Date of Last Report
11/30/1992	05/01/1994
4. FID Number	Applying Fee
36-3851531	☐ Not Applicable
5. Certificate of Status Located	\$8.75 Additional Fee Required
6. Election Campaign Financing	\$5.00 May Be Added to Fees
7. Does Corporation Qualify for Corporation Tax under 1361(c)?	
Exempt Status ☒ Yes ☐ No	

2. Principal Place of Business

21. State of Inc.

Principal Place of Bus./Mailing Address

123 North Wacker Drive, 26th Flr.

Chicago, Illinois 60606

County: COOK

22. City, State, and Zip

23. County

24. State of Inc.

25. Mailing Address

26. State of Inc.

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	85. Zip
82. Street Address, P.O. Box, Number or Not Acceptable	FL
83. City	
84. State	

11. Pursuant to the provisions of Sections 608.01 and 608.02, F.S., Florida Statutes, the above named corporation solemnly has submitted for the purpose of changing its registered office of record, located on both in the State of Florida, that change was authorized by the corporation's board of directors, if there is, except the appointment of a registered agent, to the following address in compliance with the provisions of Sections 608.01 and 608.02, Florida Statutes.

SIGNATURE

(Print Name of Officer or Director)

(Print Name of Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
NAME	T RABIN, PAUL I 123 N. WACKER DRIVE CHICAGO IL	NAME	☐ Change ☐ Addition
STREET ADDRESS	CD QUERN, ARTHUR F 123 N. WACKER DRIVE CHICAGO IL	NAME	☐ Change ☐ Addition
CITY, STATE, ZIP	AV GROB, ROBERT 123 N. WACKER DRIVE CHICAGO IL 60606	NAME	☐ Change ☐ Addition
NAME	V HANNER, JEROME S 123 N. WACKER DRIVE CHICAGO IL	NAME	☐ Change ☐ Addition
STREET ADDRESS	S LYCZKO, CATHERINE M 123 N. WACKER DRIVE CHICAGO IL	NAME	☐ Change ☐ Addition
CITY, STATE, ZIP	V MCKEAN, PAUL A 123 N. WACKER DRIVE CHICAGO IL 60606	NAME	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 608.01 and 608.02, Florida Statutes. I further certify that the information included in 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 liquidator appointed to receive the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an affidavit filed with an address.

SIGNATURE:

Robert Grob **ROBERT GROB**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95 312-701-3978

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

**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matheson
Secretary of State
CORPORATE SERVICES

DOCUMENT # F92000000422 (7)

1. Corporation Name
ARLP, INC.

05/01/1994
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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 of Incorporation (or Equivalent)
11/30/1992

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

2. Principal Place of Incorporation

21

2a. Mailing Address

26

4. FFI Number
58-1809809

Applied For
Not Applicable

State, Apt. #, etc.

22

State, Apt. #, etc.

27

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

City & State

23

City & State

28

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

Zip

24

County

25

Zip

29

County

30

8. This corporation has liability for intangible tax under S. 199.032,
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 607.0407 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 607.1508, Florida Statutes.

SIGNATURE

Signature of person submitting this document with fee to file

Signature of Registered Agent upon appointment after recording

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**P
MILLER, ERNEST M JR.
7900 GLADES ROAD
BOCA RATON FL 33429**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY, ST, ZIP

**P
James D. Motta
7900 Glades Road
Boca Raton, FL 33434**

☒ Change ☐ Addition

2. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**S
YATES, KEVIN B
900 NORTH MICHIGAN
CHICAGO IL 60611**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

S/AVP

☐ Change ☒ Addition

3. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**T
LOVELETTE, STEVEN A
900 NORTH MICHIGAN
CHICAGO IL 60611**

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

VP

☒ Change ☐ Addition

4. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
NICKELE, GARY
900 NORTH MICHIGAN
CHICAGO IL 60611**

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

D/VP/GC

☐ Change ☒ Addition

5. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**T
Howard Kogen
900 N. Michigan Avenue
Chicago, IL 60611**

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

☐ Change ☒ Addition

6. TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 Sections 199.032, Florida Statutes. Furthermore, that the information included in this annual report or supplementary 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 registered or resident agent authorized to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12, on Block 13 if changed, or on an addendum to this filing.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kevin B. Yates

4-27-95

(312)915-1936