

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE

Bethany B. McVey, Esq.
Secretary of State
DEPARTMENT OF STATE, TALLAHASSEE, FL

APPROVED
AND
FILED

53 MIV-1 115:01

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000100 (8)**

1. Corporation Name:

EAGLE SERVICE CORPORATION OF DELAWARE

Principal Place of Business

TWO NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

Mailing Address

TWO NORTH RIVERSIDE PLAZA
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

2a. Mailing Address

26

State, Apt. #, etc.

22

State, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

City

30

3. Date Incorporated or Organized

01/07/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

36-3857194

4a. 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

7. This corporation has liability for intangible tax under S. 109 (Q3). Florida Statutes Yes No

8. Name and Address of Current Registered Agent

9. Name and Address of New Registered Agent

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 607.1506, 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 except the stipulations of, Section 607.0506, Florida Statutes.

SIGNATURE

(Type or Print Name, Address, Telephone Number, Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

141	PD	141 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HALL, WILLIAM K	142 NAME		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	143 STREET ADDRESS		
CITY ST. ZIP	CHICAGO IL 60606	144 CITY ST. ZIP		

142	V	145 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ATHAS, GUS J	146 NAME		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	147 STREET ADDRESS		
CITY ST. ZIP	CHICAGO IL 60606	148 CITY ST. ZIP		

143	S	149 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRUNO, FRANK	150 NAME		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	151 STREET ADDRESS		
CITY ST. ZIP	CHICAGO IL 60606	152 CITY ST. ZIP		

144	I	153 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NAVITSKY, ANTHONY	154 NAME		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	155 STREET ADDRESS		
CITY ST. ZIP	CHICAGO IL 60606	156 CITY ST. ZIP		

145	D	157 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ZELL, SAMUEL	158 NAME		
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA	159 STREET ADDRESS		
CITY ST. ZIP	CHICAGO IL 60606	160 CITY ST. ZIP		

14. I solemnly certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0606, 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 and be made under oath that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report or orders by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 if changed or given in conjunction with an address.

SIGNATURE: *Gus J. Athas*

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

3/2 - 906-8700