

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**  
**AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED SECRETARY OF STATE DIVISION OF CORPORATIONS**

05 JUN 21 AM 10:20

**DOCUMENT # F93000000588 (4)**

1. Corporation Name

**FIRST DEARBORN III, INC.**

Principal Place of Business

Mailing Address

154 WEST HUBBARD  
 CHICAGO IL 60610

154 WEST HUBBARD  
 CHICAGO IL 60610

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/09/1983** 3a. Date of Last Report **03/29/1994**

4. FEI Number **36-3851576** 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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
 1201 HAYS STREET  
 SUITE 105  
 TALLAHASSEE FL 32301**

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 typed or printed name of registered agent and title if applicable

NOTE: Registered Agent signature required when circulating

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**PTD  
 BLOCK, BRUCE H  
 154 WEST HUBBARD  
 CHICAGO IL 60610**

1 1 TITLE  
 1 2 NAME  
 1 3 STREET ADDRESS  
 1 4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

**VSD  
 ROSS, ROBERT S  
 154 WEST HUBBARD  
 CHICAGO IL 60610**

2 1 TITLE  
 2 2 NAME  
 2 3 STREET ADDRESS  
 2 4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

3 1 TITLE  
 3 2 NAME  
 3 3 STREET ADDRESS  
 3 4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

4 1 TITLE  
 4 2 NAME  
 4 3 STREET ADDRESS  
 4 4 CITY - ST - ZIP

Change  Addition

TITLE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5 1 TITLE  
 5 2 NAME  
 5 3 STREET ADDRESS  
 5 4 CITY - ST - ZIP

Change  Addition

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 Section 110.07(3)(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, 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 checked, or as a signatory with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(Typed Name)

**ROBERT S. ROSS**

**(312) 464-0100**

CR2E034 (3/95)