


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

FILED

Feb 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000000669 (2)

1. Corporation Name

CALUMET BANCORP, INC.

Principal Place of Business

1350 EAST SIBLEY BLVD.  
DOLTON IL 60419

Mailing Address

% KEMP, GRZELAKOWSKI & LORENZINI  
1900 SPRING RD., STE 500  
OAK BROOK IL 60521



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1993	
21		26		4. FEI Number 36-3785272	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip		25. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	WALCZAK, THADDEUS	
STREET ADDRESS	1350 EAST SIBLEY BLVD.	
CITY-ST-ZIP	DOLTON IL 60419	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LEWIS, CAROLE J	
STREET ADDRESS	1350 EAST SIBLEY BLVD.	
CITY-ST-ZIP	DOLTON IL 60419	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	GARLANGER, JOHN	
STREET ADDRESS	1350 EAST SIBLEY BLVD.	
CITY-ST-ZIP	DOLTON IL 60419	
TITLE	S	<input type="checkbox"/> DELETE
NAME	LINKUS, SUSAN M	
STREET ADDRESS	1350 EAST SIBLEY BLVD.	
CITY-ST-ZIP	DOLTON IL 60419	
TITLE	D	<input type="checkbox"/> DELETE
NAME	URBAN, HENRY J DR.	
STREET ADDRESS	1350 EAST SIBLEY BLVD.	
CITY-ST-ZIP	DOLTON IL 60419	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCCANN, WILLIAM	
STREET ADDRESS	1350 EAST SIBLEY BLVD.	
CITY-ST-ZIP	DOLTON IL 60419	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby 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 REQUIRED

1-24-98 (708)841-9010

CR2E034 (10/97)