

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 APR 28 AM 3:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001627 (9)**

1. Corporation Name

US-KRS/M, INC.

Principal Place of Business

Mailing Address

ATTN: STUART C. KATZ
180 NORTH LASALLE STREET, SUITE 3600
CHICAGO IL 60601

ATTN: STUART C. KATZ
180 NORTH LASALLE STREET, SUITE 3600
CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/02/1983

3a. Date of Last Report
08/09/1994

2. Principal Place of Business

2a. Mailing Address

21 **180 North LaSalle Street**

26 **180 North LaSalle Street**

Suite, Apt. #, etc

Suite, Apt. #, etc

22 **Suite 3700**

27 **Suite 3700**

City & State

City & State

23 **Chicago, Illinois**

28 **Chicago, Illinois**

Zip

Country

Zip

Country

24 **60601**

25 **USA**

29 **60601**

30 **USA**

4. FEI Number
36-3813486

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

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)

800001475108

83

-05/04/95--01017--012

84 City

******200.00 ****200.00**

FL 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, Title or printed name of registered agent and title of agent

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	PERLMUTTER, STEPHEN
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3600
CITY, ST, ZIP	CHICAGO IL 60601
TITLE	VAS
NAME	EDELMAN, HOWARD J
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3600
CITY, ST, ZIP	CHICAGO IL 60601
TITLE	VSD
NAME	KATZ, STUART C
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3600
CITY, ST, ZIP	CHICAGO IL 60601
TITLE	VTAS
NAME	SMITH, ROGER E
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3600
CITY, ST, ZIP	CHICAGO IL 60601
TITLE	D
NAME	SMITH, ROGER E
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3600
CITY, ST, ZIP	CHICAGO IL 60601
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	180 North LaSalle Street, Suite 3700
14 CITY, ST, ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	180 North LaSalle Street, Suite 3700
24 CITY, ST, ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	180 North LaSalle Street, Suite 3700
34 CITY, ST, ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	180 North LaSalle Street, Suite 3700
44 CITY, ST, ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	180 North LaSalle Street, Suite 3700
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(a), 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 an appointment with an address.

SIGNATURE:

Herbert W. Kuchale
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Herbert W. Kuchale

Vice President

4/21/95

312-855-5700