

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # F93000001627 (9)

1. Corporation Name
US-KRS/III, INC.



Principal Place of Business Mailing Address
180 N. LASALLE ST. SUITE 3700 CHICAGO IL 60601 **180 N. LASALLE ST. SUITE 3700 CHICAGO IL 60601**

3. Date Incorporated or Qualified **04/02/1993** 3a. Date of Last Report **04/28/1995**
 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 24 Country 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 _____ DATE _____
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMUTTER, STEPHEN	12 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	13 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60601	14 CITY - ST - ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, HOWARD J	22 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	23 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60601	24 CITY - ST - ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, STUART C	32 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	33 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60601	34 CITY - ST - ZIP	
TITLE	VTAS <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROGER E	42 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	43 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60601	44 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROGER E	52 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	53 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60601	54 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	VAS
STREET ADDRESS		63 STREET ADDRESS	Herbert W. Kuehnle
CITY - ST - ZIP		64 CITY - ST - ZIP	180 N. LaSalle Street Chicago, IL 60601

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)(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 or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed or on an attachment with an address.

SIGNATURE: *Stuart C. Katz* 7/30/96 (312) 855-5700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Distinguishing Number

CR2E034 (3/96)