

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

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**Mar 12 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 60601-2800**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/02/1993	08/08/1996
22		27		4. FEI Number	Applied For
23		28		36-3813486	Not Applicable
24		29		5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25		30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
25		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

85 Zip Code

FL

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 officer 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 for or with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMUTTER, STEPHEN	1.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	1.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, HOWARD J	2.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	2.4 CITY-ST-ZIP	
TITLE	VSD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, STUART C	3.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	3.4 CITY-ST-ZIP	
TITLE	VTAS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROGER E	4.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROGER E	5.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	5.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHNLE, HERBERT	6.2 NAME	
STREET ADDRESS	180 N LASALLE STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	

14. I do 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 included 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 in an attachment with an address.

SIGNATURE:  **Howard J. Edelman, Vice President** *2/27/97* (312) 855-5700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)