

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90185 012 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F93000001627

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



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

Mailing Address
**C/O SUSAN NELSON
 180 N LASALLE ST
 CHICAGO IL 60601
 US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/02/1993

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
36-3813486

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24 Zip Country

29 Zip Country

8. This corporation owes the current year intangible Personal Property Tax. 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)
 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUDGIN, MARY K	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	EDELMAN, HOWARD J	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KATZ, STUART C	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VTAS	<input type="checkbox"/> DELETE
NAME	SMITH, ROGER E	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, ROGER E	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 3700	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	KUEHNLE, HERBERT	
STREET ADDRESS	180 N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99

Date

(312)855-5700

Daytime Phone #

CR2E034 (11/98)