

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000001628 (7)

1. Corporation Name

US-TMT, INC.

Principal Place of Business

180 N. LASALLE ST.
SUITE 3700
CHICAGO IL 60601

Mailing Address

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

36-3813487

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. 193.03?
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME PERLMUTTER, STEPHEN
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60601 ☐ DELETE

TITLE VAS
NAME EDELMAN, HOWARD J
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60601 ☐ DELETE

TITLE VAS
NAME KUEHNEL, HERBERT W
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60601 ☐ DELETE

TITLE VAS
NAME DICKAS, ANDREW C
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60601 ☒ DELETE

TITLE VSD
NAME KATZ, STUART C
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60601 ☐ DELETE

TITLE VTSD
NAME SMITH, ROGER E
STREET ADDRESS 180 NORTH LASALLE STREET
CITY-ST-ZIP CHICAGO IL 60601 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Herbert W. Kuehnle
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE VTASD ☒ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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 if changed, or on an attachment with an address.

SIGNATURE:

Stuart C. Katz

Stuart C. Katz, Vice President & Secretary

7/30/96

(312) 855-5700

CR2E034 (3/96)