

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

FILED  
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 # 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 60601-2800



2. Principal Place of Business

21 Subm. Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 c/o Susan Nelson  
Suite, Apt. #, etc.

27 180 N. La Salle St.  
City & State

28 Chicago, Illinois  
Zip Country

29 60601

30

3. Date Incorporated or Qualified

04/02/1993

3a. Date of Last Report

08/08/1996

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. 199.032,  
Florida Statutes

☐ Yes

☒ 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERLMUTTER, STEPHEN	
STREET ADDRESS	180 NORTH LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	EDELMAN, HOWARD J	
STREET ADDRESS	180 NORTH LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	KUEHNLE, HERBERT	
STREET ADDRESS	180 NORTH LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	KATZ, STUART C	
STREET ADDRESS	180 NORTH LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VTSA	<input type="checkbox"/> DELETE
NAME	SMITH, ROGER E	
STREET ADDRESS	180 NORTH LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 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 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.

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)