

**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 # F93000001631 (1)

1. Corporation Name

US-HREF, INC.



Principal Place of Business

Mailing Address

**ATT: STUART C. KATZ
180 N. LASALLE ST. STE. 3700
CHICAGO IL 60601**

**ATT: STUART C. KATZ
180 N. LASALLE ST. STE. 3700
CHICAGO IL 60601**

3. Date Incorporated or Qualified
04/02/1993

3a. Date of Last Report
04/28/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
36-3813484

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33332-4**

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 DELETE
NAME **PD PERLMUTTER, STEPHEN**
STREET ADDRESS **180 N. LASALLE STREET, STE. 3700**
CITY-ST-ZIP **CHICAGO IL 60601**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE DELETE
NAME **VAS EDELMAN, HOWARD J**
STREET ADDRESS **180 N. LASALLE STREET, STE. 3700**
CITY-ST-ZIP **CHICAGO IL 60601**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE DELETE
NAME **VAS KUEHNLE, HERBERT W**
STREET ADDRESS **180 N. LASALLE STREET, STE. 3700**
CITY-ST-ZIP **CHICAGO IL 60601**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE DELETE
NAME **VSD KATZ, STUART C**
STREET ADDRESS **180 N. LASALLE STREET, STE. 3700**
CITY-ST-ZIP **CHICAGO IL 60601**

41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE DELETE
NAME **VAS DECKAS, ANDREW C**
STREET ADDRESS **180 N. LASALLE STREET, STE. 3700**
CITY-ST-ZIP **CHICAGO IL 60601**

51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE DELETE
NAME **VTD SMITH, ROGER E**
STREET ADDRESS **180 N. LASALLE STREET, STE. 3700**
CITY-ST-ZIP **CHICAGO IL 60601**

61 TITLE **AS** Change Addition
62 NAME
63 STREET ADDRESS
64 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, Vice President & Secretary

7/30/96

(312) 855-5700

CR2E034 (3/96)