

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

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Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/02/1993

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26 c/o Susan Nelson		36-3813484		Not Applicable	
Suite, Apt. #, etc		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27 180 N. LaSalle St. #3400		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		Trust Fund Contribution		<input type="checkbox"/>	
23		28 Chicago, IL		8. This corporation owes or has paid the current year Intangible		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip		Zip		Personal Property Tax due June 30.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29 60601		30			
Country		Country					
25		30					

9. Name and Address of Current Registered Agent

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	PERLMUTTER, STEPHEN	1.2 NAME	Mary K. Ludgin
STREET ADDRESS	180 N. LASALLE STREET, STE. 3700	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60601	1.4 CITY - ST - ZIP	
TITLE	VAS	2.1 TITLE	
NAME	EDELMAN, HOWARD J	2.2 NAME	
STREET ADDRESS	180 N. LASALLE STREET, STE. 3700	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60601	2.4 CITY - ST - ZIP	
TITLE	VAS	3.1 TITLE	
NAME	KUEHNLE, HERBERT W	3.2 NAME	
STREET ADDRESS	180 N. LASALLE STREET, STE. 3700	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60601	3.4 CITY - ST - ZIP	
TITLE	VSD	4.1 TITLE	
NAME	KATZ, STUART C	4.2 NAME	
STREET ADDRESS	180 N. LASALLE STREET, STE. 3700	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL 60601	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	
NAME	SMITH, ROGER E	5.2 NAME	
STREET ADDRESS	180 N. LASALLE STREET, STE. 3700	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 in an attachment with an address.

SIGNATURE:

[Signature]

4/10/98 312-855-5700

CR2E034 (10/97)