

**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 # F93000001637 (8)**

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



Principal Place of Business: **180 N. LASALLE ST. SUITE 3700 CHICAGO IL 80801**  
Mailing Address: **180 N. LASALLE ST. SUITE 3700 CHICAGO IL 60601**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/02/1993</b>		3a. Date of Last Report <b>04/28/1995</b>	
21	Suite, Apt. #, etc	26	Suite, Apt. #, etc	4. FEI Number <b>36-3813482</b>		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	<b>FL</b>	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 the applicable date. (Date) Registered Agent signature required when re-registering. (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERLMUTTER, STEPHEN</b>	1.2 NAME	
STREET ADDRESS	<b>180 NORTH LASALLE STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VAS</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EDELMAN, HOWARD J</b>	2.2 NAME	
STREET ADDRESS	<b>180 NORTH LASALLE STREET</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VAS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KUEHNLE, HERBERT W</b>	3.2 NAME	
STREET ADDRESS	<b>180 NORTH LASALLE STREET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VSD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KATZ, STUART C</b>	4.2 NAME	
STREET ADDRESS	<b>180 NORTH LASALLE STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VTAS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ROGER E</b>	5.2 NAME	
STREET ADDRESS	<b>180 NORTH LASALLE STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, ROGER E</b>	6.2 NAME	
STREET ADDRESS	<b>180 NORTH LASALLE STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60601</b>	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)(a), 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: *[Signature]*  
STUART C. KATZ, Vice President & Secretary

7/30/96 (312) 855-5700

CR2E034 (3/96)