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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 # F93000001637 (8)

1. Corporation Name
US-KRS/I, 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

3. Date Incorporated or Qualified **04/02/1993** **3a. Date of Last Report** **08/08/1996**

4. FEI Number **36-3813482** **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

2. Principal Place of Business

21. Subc. Acct. #, etc.

22. City & State

23. Zip **25. Country**

24. Subc. Acct. #, etc.

26. Mailing Address
c/o Susan Nelson

27. Suite, Apt. #, etc.
180 N. LaSalle Street

28. City & State
Chicago, Illinois

29. Zip **30. Country**
60601

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 _____ **DATE** _____
(NOTE: Registered Agent's signature required when reinstating)

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 W
STREET ADDRESS	180 NORTH LASALLE STREET
CITY, ST, ZIP	CHICAGO IL 60601
TITLE	VSD <input type="checkbox"/> DELETE
NAME	KATZ, STUART C
STREET ADDRESS	180 NORTH LASALLE STREET
CITY, ST, ZIP	CHICAGO IL 60601
TITLE	VTAS <input type="checkbox"/> DELETE
NAME	SMITH, ROGER E
STREET ADDRESS	180 NORTH LASALLE STREET
CITY, ST, ZIP	CHICAGO IL 60601
TITLE	D <input type="checkbox"/> DELETE
NAME	SMITH, ROGER E
STREET ADDRESS	180 NORTH LASALLE STREET
CITY, ST, ZIP	CHICAGO IL 60601

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 included 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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)