

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

**FILED**  
**Apr 20 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F93000001637 (8)**

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



Principal Place of Business <b>180 N. LASALLE ST.                  SUITE 3700                  CHICAGO IL 60601</b>	Mailing Address <b>C/O SUSAN NELSON                  180 N LASALLE ST                  CHICAGO IL 60601                  US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

3. Date Incorporated or Qualified <b>04/02/1993</b>	
4. FEI Number <b>36-3813482</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>PEREMOTTEN, STEPHEN</del>	1.2 NAME	<b>Mary K. Ludgin</b>
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	VAS <input type="checkbox"/> DELETE	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	VAS <input type="checkbox"/> DELETE	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	VSD <input type="checkbox"/> DELETE	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	VTAS <input type="checkbox"/> DELETE	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	D <input type="checkbox"/> DELETE	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 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 \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)