

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Candra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 28 AM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000001638 (6)**
1. Corporation Name
US-KRS/M, INC.

Principal Place of Business Mailing Address
**ATTN: STUART C. KATZ
180 NORTH LASALLE STREET, SUITE 3600
CHICAGO IL 60601** **ATTN: STUART C. KATZ
180 NORTH LASALLE STREET, SUITE 3600
CHICAGO IL 60601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/02/1993		3a. Date of Last Report 08/09/1994	
2. Principal Place of Business 21. 180 North LaSalle Street Suite, Apt #, etc 22. Suite 3700 City & State 23. Chicago, Illinois Zip Country 24. 60601 25. USA		4. FEI Number 36-3813483	
26. 180 North LaSalle Street Suite, Apt #, etc 27. Suite 3700 City & State 28. Chicago, Illinois Zip Country 29. 60601 30. USA		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes <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 FL		86 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME PERLMUTTER, STEPHEN STREET ADDRESS 180 NORTH LASALLE STREET CITY, ST, ZIP CHICAGO IL 60601	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VAS	NAME EDELMAN, HOWARD J STREET ADDRESS 180 NORTH LASALLE STREET CITY, ST, ZIP CHICAGO IL 60601	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VAS	NAME KUEHNLE, HERBERT W STREET ADDRESS 180 NORTH LASALLE STREET CITY, ST, ZIP CHICAGO IL 60601	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VSD	NAME KATZ, STUART C STREET ADDRESS 180 NORTH LASALLE STREET CITY, ST, ZIP CHICAGO IL 60601	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VTAS	NAME SMITH, ROBERT E STREET ADDRESS 180 NORTH LASALLE STREET CITY, ST, ZIP CHICAGO IL 60601	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D	NAME SMITH, ROBERT E STREET ADDRESS 180 NORTH LASALLE STREET CITY, ST, ZIP CHICAGO IL 60601	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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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)(b), 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 correct, or in an attachment with an address.

SIGNATURE: *Herbert W. Kuehnle* Vice President **4/21/95** 312-895-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR