

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 # F93000001638 (6)

1. Corporation Name

US-KRS/II, INC.



Principal Place of Business

Mailing Address

180 N. LA SALLE ST.  
SUITE 3700  
CHICAGO IL 60601

180 N. LA SALLE ST.  
SUITE 3700  
CHICAGO IL 60601

3. Date Incorporated or Qualified  
04/02/1993

3a. Date of Last Report  
04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number  
36-3813483

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. 193.032  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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 type for owner, officer, director, registered agent and third party applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| 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 N. LASALLE ST.       |                                 |
| CITY - ST - ZIP | CHICAGO IL 60601         |                                 |
| TITLE           | D                        | <input type="checkbox"/> DELETE |
| NAME            | SMITH, ROGER E           |                                 |
| STREET ADDRESS  | 180 N. LASALLE ST.       |                                 |
| CITY - ST - ZIP | CHICAGO IL 60601         |                                 |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME            |                                                                   |
| 13 STREET ADDRESS  |                                                                   |
| 14 CITY - ST - ZIP |                                                                   |
| 21 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME            |                                                                   |
| 23 STREET ADDRESS  |                                                                   |
| 24 CITY - ST - ZIP |                                                                   |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME            |                                                                   |
| 33 STREET ADDRESS  |                                                                   |
| 34 CITY - ST - ZIP |                                                                   |
| 41 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME            |                                                                   |
| 43 STREET ADDRESS  |                                                                   |
| 44 CITY - ST - ZIP |                                                                   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME            |                                                                   |
| 53 STREET ADDRESS  |                                                                   |
| 54 CITY - ST - ZIP |                                                                   |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME            |                                                                   |
| 63 STREET ADDRESS  |                                                                   |
| 64 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)(k), 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 of R. Katz, Vice President & Secretary

7/30/96

(312) 855-5700

CR2E034 (3/96)