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Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997

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 60601-2800

3. Date Incorporated or Qualified: 04/02/1993	3a. Date of Last Report: 08/08/1996
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. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24 / 25

2a. Mailing Address
26 c/o Susan Nelson
Suite, Apt. #, etc.
27 180 N. LaSalle Street
City & State
28 Chicago, Illinois
Zip / Country
29 60601 / 30

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
Signature, type or print name of new registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	PERLMUTTER, STEPHEN	1.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	1.4 CITY-ST-ZIP	
TITLE	VAS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	EDELMAN, HOWARD J	2.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	2.4 CITY-ST-ZIP	
TITLE	VAS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KUEHNLE, HERBERT W	3.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	3.4 CITY-ST-ZIP	
TITLE	VSD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KATZ, STUART C	4.2 NAME	
STREET ADDRESS	180 NORTH LASALLE STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	4.4 CITY-ST-ZIP	
TITLE	VTAS ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROGER E	5.2 NAME	
STREET ADDRESS	180 N. LASALLE ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ROGER E	6.2 NAME	
STREET ADDRESS	180 N. LASALLE ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60601	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 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 added by an attachment with an address.

SIGNATURE: Howard J. Edelman, Vice President 3/27/97 (312) 855-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #