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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F93000001638 (6)

FILED Apr 20 1998 8:00am Secretary of State

US-KR	on Name S/II, INC.	(0)			
Principal Plac	ce of Business	Mailing Address	114 2	- TODEFOR DESK BRIDD LOSE OF THE DUBLIC BOILD SERVICE BRIDE	
180 N. LA SALLE ST. C/O SUSAN NELSON					
SUITE 3700 180 N LASALLE ST CHICAGO IL 60601 CHICAGO IL 60601					
CHICAGO IL	608U1	CHICAGO IL 60601 US		DO NOT WRITE IN THIS	SPACE
		00		3. Date Incorporated or Qualified 04/02/1993	
2. Principal f	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		36-3813483	Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Star	te	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	
24	25		30		Yes No
	9. Name and Address of Current T CORDODATION EVETTIME	Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD			U I I I I I I I I I I I I I I I I I I I		
PLANTATION FL 33324			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
, ,	ANTAHON I C 33324		63		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-named of	Corporation submits this statement for the purpose of	f changing its registered
office or o	registered agent, or both, in the State of	f Florida Such change was au	thorized by the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appropriate the purpose of the purpos	pointment as registered
	an laminar with, and accept the divigat	ions of, Section 007.0000, Flori	ioa otatutes.		
SIGNATURE	Signature, typed or printed name of registered agent	and tile (NOTE:	Registered Agent signature r	equired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD ATTER ATTER	☐ DELETE	1 11722	PD	■ Change
NAME	PERLMUTTER, STEPHEN		1.2 NAME	Mary K. Ludgin	1;
STREET ADDRESS	180 NORTH LASALLE STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60601 VAS	T perses	1.4 CITY-ST-ZIP		
TITLE	EDELMAN, HOWARD J	☐ DELETE	2.1 TITLE		Change Addition
NAME	180 NORTH LASALLE STREET		2.2 NAME		
STREET ADDRESS	CHICAGO IL 80801		2.3 STREET ADDRESS		
CITY-ST-ZIP	VAS	DELETE	2. 4 CITY-ST-ZIP		Change Addition
NAME	KUEHNLE, HERBERT W	_ viceit	3.1 TITLE 3.2 NAME		Change Addition
STREET ADDRESS	180 NORTH LASALLE STREET		3.2 NAME 3.3 STREET ADDRESS		İ
CITY-ST-ZIP	CHICAGO IL 60601				
TITLE	VSD	DELETE	3.4. CITY - ST - ZIP 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	☐ DELET E	5.1 TITLE		Change Addition
NAME	SM ITH, 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		
AITY AT 315	CHICAGO IL 60601		6.4 CITY - ST - ZIP		
CITY-ST-ZIP					

Indicated on this annual roport or 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 roport 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 frustor or proposed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed of on an attachment with in address.