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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90088 019 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F93000001638

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

Principal Place of Business

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

Mailing Address

**C/O SUSAN NELSON
180 N LASALLE ST
CHICAGO IL 60601
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/02/1993

4. FEI Number

36-3313483

Applied For

No: 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ 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

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PD LUGDIN, MARY K**
STREET ADDRESS **180 NORTH LASALLE STREET**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ DELETE

NAME **VAS EDELMAN, HOWARD J**
STREET ADDRESS **180 NORTH LASALLE STREET**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ DELETE

NAME **VAS KUEHNLE, HERBERT W**
STREET ADDRESS **180 NORTH LASALLE STREET**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ DELETE

NAME **VSD KATZ, STUART C**
STREET ADDRESS **180 NORTH LASALLE STREET**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ DELETE

NAME **VTAS SMITH, ROGER E**
STREET ADDRESS **180 N. LASALLE ST.**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☐ DELETE

NAME **D SMITH, ROGER E**
STREET ADDRESS **180 N. LASALLE ST.**
CITY-ST-ZIP **CHICAGO IL 60601**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with a different like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 (312) 255-5700
Date Daytime Phone #

CR2E034 (11/98)