

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

0920029

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

DOCUMENT # F93000002124

1. Corporation Name
CBNP, INC.

Principal Place of Business
200 NORTH LASALLE ST.
SUITE 2100
CHICAGO IL 60601

Mailing Address
200 NORTH LASALLE ST.
SUITE 2100
CHICAGO IL 60601

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

9. Name and Address of Current Registered Agent

CAROLLO, THOMAS C
2100 A TRADE CENTER WAY
NAPLES FL 33942

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

30

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 for Block 13)

12/11

12. OFFICERS AND DIRECTORS

TITLE

DPT

[] DELETE

NAME

BRANDWEIN, RICHARD E

STREET ADDRESS

200 N. LASALLE ST., STE. 2100

CITY-ST-ZIP

CHICAGO IL 60601

TITLE

DVPS

[] DELETE

NAME

CAROLLO, THOMAS

STREET ADDRESS

2100 A TRADE CENTER WAY

CITY-ST-ZIP

NAPLES FL 33942

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

[] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

[] Change

[] Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

[] Change

[] Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

[] Change

[] Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

[] Change

[] Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

[] Change

[] Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

[] Change

[] Addition

62 NAME

63 STREET ADDRESS

64 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(9)(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 687, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Handwritten signature

2/17/99 (312) 621-1488

FILED

99 FEB 18 AM 11:40

SECRETARY OF STATE

TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date of Incorporation or Organization

04/28/1993

4. FEI Number

36-3524180

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Electronic 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

10. Name and Address of New Registered Agent

4000002788884-7

-02/26/99-01085-004

****150.64 ****150.00

CR2E034 (1/198)