

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Motham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F93000002275 (6)

1. Corporation Name
DZGP, INC.

FILED
95 JUL 18 AM 10:47
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

205 NORTH MICHIGAN AVENUE, SUITE 3400
CHICAGO IL 60601

Mailing Address

205 NORTH MICHIGAN AVENUE, SUITE 3400
CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1993	3a. Date of Last Report 11/22/1994
4. FEI Number APPLIED FOR 36-3895619	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

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD
NAME	FLYNN, DONALD F
STREET ADDRESS	205 NORTH MICHIGAN AVE., SUITE 3400
CITY - ST - ZIP	CHICAGO IL 60601
TITLE	SV
NAME	CASINI, VICTOR M
STREET ADDRESS	205 NORTH MICHIGAN AVE., SUITE 3400
CITY - ST - ZIP	CHICAGO IL 60601
TITLE	V
NAME	FLYNN, BRIAN J
STREET ADDRESS	205 NORTH MICHIGAN AVE., SUITE 3400
CITY - ST - ZIP	CHICAGO IL 60601
TITLE	V
NAME	FLYNN, KEVIN F
STREET ADDRESS	205 NORTH MICHIGAN AVE., SUITE 3400
CITY - ST - ZIP	CHICAGO IL 60601
TITLE	CFO
NAME	MITCHUM, ROBERT D
STREET ADDRESS	205 NORTH MICHIGAN AVE., SUITE 3400
CITY - ST - ZIP	CHICAGO IL 60601
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Victor M. Casini Victor M. Casini, Senior Vice President 6/13/95 32-616-3800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature #