

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000002489 (3)**

1. Corporation Name
THE BALCOR COMPANY



Principal Place of Business: **2355 WAUKEGAN ROAD SUITE A200 BANNOCKBURN IL 60015 US**
Mailing Address: **2355 WAUKEGAN ROAD SUITE A200 BANNOCKBURN IL 60015 US**

3. Date Incorporated or Qualified: **05/27/1993**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business: **21**
2a. Mailing Address: **26**

4. FEI Number: **13-3131690**
Applied For: Not Applicable

Suite, Apt. #, etc.: **22**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

City & State: **23**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

Zip: **24** Country: **25** Zip: **29** Country: **30**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DUHIG, DANILE	1.2 NAME	Alan Lieberman
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	1.3 STREET ADDRESS	2355 Waukegan Rd., # A200
CITY-ST-ZIP	BANNOCKBURN IL	1.4 CITY-ST-ZIP	Bannockburn, IL 60015
TITLE	CEO <input type="checkbox"/> DELETE	2.1 TITLE	P/CEO/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEADOR, THOMAS E	2.2 NAME	
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	2.3 STREET ADDRESS	
CITY-ST-ZIP	BANNOCKBURN IL	2.4 CITY-ST-ZIP	
TITLE	EVP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SVP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOOD, ALLAN	3.2 NAME	John K. Powell, Jr.
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	3.3 STREET ADDRESS	2355
CITY-ST-ZIP	BANNOCKBURN IL	3.4 CITY-ST-ZIP	
TITLE	SVP <input type="checkbox"/> DELETE	4.1 TITLE	1000017913191 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DARRAGH, ALEX	4.2 NAME	-04/24/96--01067--024
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	4.3 STREET ADDRESS	***200.00
CITY-ST-ZIP	BANNOCKBURN IL	4.4 CITY-ST-ZIP	
TITLE	SVPD <input type="checkbox"/> DELETE	5.1 TITLE	SVP/CFO/T/AS/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARKER, BRIAN	5.2 NAME	
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	5.3 STREET ADDRESS	
CITY-ST-ZIP	BANNOCKBURN IL	5.4 CITY-ST-ZIP	
TITLE	VS <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	OGLE, JERRY M	6.2 NAME	
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	6.3 STREET ADDRESS	
CITY-ST-ZIP	BANNOCKBURN IL	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)(k), 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: *Jerry M Ogle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **JERRY M OGLE**
Date: **4-19-96** Daytime Phone #: **(847) 267-1600**

CR2E034 (12/95)