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

PROFIT CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 JUL -5 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # F93000002785 (4)

1. Corporation Name: **INCOR PROPERTIES, INC.**

Principal Place of Business: 2901 BUTTERFIELD ROAD, OAK BROOK IL 60521

Mailing Address: 2901 BUTTERFIELD ROAD, OAK BROOK IL 60521

3. Date Incorporated or Qualified: 06/16/1993
3a. Date of Last Report: 03/15/1994
4. FEI Number: 36-2811234 ☐ 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. The corporation has LEAH to intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business: 21 ____ Suite, Apt. #, etc. 22 ____ City & State 23 ____ Zip 24 ____ County 25 ____
2a. Mailing Address: 26 ____ Suite, Apt. # etc. 27 ____ City & State 28 ____ Zip 29 ____ Country 30 ____

9. Name and Address of Current Registered Agent

WARES, WILLIAM A ESQ.
300 NORTH FRANKLIN
TAMPA FL 33601

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City FL 65 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 ____ DATE ____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	TITLE	Sr. V ☐ Change ☒ Addition
NAME	RUSDORF, RICHARD F.	NAME	Anthony A. Casaccio
STREET ADDRESS	2901 BUTTERFIELD RD.	STREET ADDRESS	2901 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL	CITY-ST-ZIP	Oak Brook, IL 60521
TITLE	TSD	TITLE	Controller ☐ Change ☒ Addition
NAME	KREMIN, ALAN F.	NAME	David M. Benjamin
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	2901 Butterfield Road
CITY-ST-ZIP	OAK BROOK IL	CITY-ST-ZIP	Oak Brook, IL 60521
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	STEIN, JONATHAN J.	NAME	
STREET ADDRESS	2901 BUTTERFIELD ROAD	STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(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.

SIGNATURE: Alan F. Kremin Treasurer 6/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (3/95)

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