

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

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

07/05/1995

4. FEI Number

36-2811234

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 fee if applicable

(NOT) Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

|                |                       |                                            |
|----------------|-----------------------|--------------------------------------------|
| TITLE          | PD                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | RUSDOR, RICHARD F     |                                            |
| STREET ADDRESS | 2901 BUTTERFIELD RD.  |                                            |
| CITY-ST-ZIP    | OAK BROOK IL          |                                            |
| TITLE          | TSD                   | <input type="checkbox"/> DELETE            |
| NAME           | KREMIN, ALAN F.       |                                            |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD |                                            |
| CITY-ST-ZIP    | OAK BROOK IL          |                                            |
| TITLE          | D                     | <input type="checkbox"/> DELETE            |
| NAME           | STEIN, JONATHAN J.    |                                            |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD |                                            |
| CITY-ST-ZIP    | OAK BROOK IL          |                                            |
| TITLE          | SV                    | <input checked="" type="checkbox"/> DELETE |
| NAME           | CASACCIO, ANTHONY A   |                                            |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD |                                            |
| CITY-ST-ZIP    | OAK BROOK IL          |                                            |
| TITLE          | C                     | <input type="checkbox"/> DELETE            |
| NAME           | BENJAMIN, DAVID M     |                                            |
| STREET ADDRESS | 2901 BUTTERFIELD ROAD |                                            |
| CITY-ST-ZIP    | OAK BROOK IL          |                                            |
| TITLE          |                       | <input type="checkbox"/> DELETE            |
| NAME           |                       |                                            |
| STREET ADDRESS |                       |                                            |
| CITY-ST-ZIP    |                       |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                       |                                                                              |
|--------------------|-----------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | PD                    | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | Jonathan J. Stein     |                                                                              |
| 1.3 STREET ADDRESS | 2901 Butterfield Road |                                                                              |
| 1.4 CITY-ST-ZIP    | Oak Brook, IL 60521   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.1 TITLE          |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                       |                                                                              |
| 2.3 STREET ADDRESS |                       |                                                                              |
| 2.4 CITY-ST-ZIP    |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.1 TITLE          |                       |                                                                              |
| 3.2 NAME           |                       |                                                                              |
| 3.3 STREET ADDRESS |                       |                                                                              |
| 3.4 CITY-ST-ZIP    |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.1 TITLE          |                       |                                                                              |
| 4.2 NAME           |                       |                                                                              |
| 4.3 STREET ADDRESS |                       |                                                                              |
| 4.4 CITY-ST-ZIP    |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.1 TITLE          |                       |                                                                              |
| 5.2 NAME           |                       |                                                                              |
| 5.3 STREET ADDRESS |                       |                                                                              |
| 5.4 CITY-ST-ZIP    |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.1 TITLE          |                       |                                                                              |
| 6.2 NAME           |                       |                                                                              |
| 6.3 STREET ADDRESS |                       |                                                                              |
| 6.4 CITY-ST-ZIP    |                       | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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-04/18/96--01010--025  
\*\*\*200.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)

4-10-96