

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 # F93000003503 (0)

1. Corporation Name
IRISC, INC.



Principal Place of Business

123 NORTH WACKER DRIVE
26TH FLOOR
CHICAGO IL 60606
US

Mailing Address

123 NORTH WACKER DRIVE, LAW DEPT., 28TH FL
CHICAGO IL 60614

3. Date Incorporated or Qualified
07/30/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
36-3665452

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent, if applicable

(NOTE: Registered Agent Signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VPD
NAME GERMAIN, STEVEN D
STREET ADDRESS 8 CENTRE DRIVE
CITY-ST-ZIP JAMESBURG NJ ☐ DELETE

TITLE CD
NAME GLUCKSTERN, STEVEN M
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE VSD
NAME HANNER, JEROME S
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606 ☐ DELETE

TITLE PD
NAME JOHNSON, PETER D
STREET ADDRESS 8 CENTRE DRIVE
CITY-ST-ZIP JAMESBURG NJ 08831 ☐ DELETE

TITLE CD
NAME O'HALLERAN, MICHAEL D
STREET ADDRESS 8 CENTRE DRIVE
CITY-ST-ZIP JAMESBURG NJ 08831 ☐ DELETE

TITLE T
NAME RABIN, PAUL I
STREET ADDRESS 123 N. WACKER DR.
CITY-ST-ZIP CHICAGO IL 60606 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

000001889010
-05/06/96--01036--040
***200.00

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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 a shareholder 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, and an address with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul I. Rabin

4/22/96

312-201-3470
Daytime Phone #

CR2E034 (12/95)