

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90005 003 ***150.00

DOCUMENT # F93000003503

1. Corporation Name
IRISC, INC.



Principal Place of Business
123 NORTH WACKER DRIVE
26TH FLOOR
CHICAGO IL 60606
US

Mailing Address
P.O. BOX 8264
CHICAGO IL 60680
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/30/1993

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 owes the current year Intangible
Personal Property Tax. ☒ 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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ASVP ☒ DELETE
NAME SUSAN FYD
STREET ADDRESS 123 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Y Baer, Jerome I.
123 N. Wacker Dr.
Chicago, IL 60606

☐ Change ☒ Addition

TITLE ☐ DELETE
NAME ARLENE H HARDY
STREET ADDRESS 123 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME CATHERINE M LYCZKO
STREET ADDRESS 123 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VS

☒ Change ☐ Addition

TITLE ☐ DELETE
NAME STEVEN D GERMAIN
STREET ADDRESS 8 CENTRE DRIVE
CITY-ST-ZIP JAMESBURG NJ 08831

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

P Eisenmann, Stephen A.
123 N. Wacker Dr.
Chicago, IL 60606

☒ Addition

TITLE ☐ DELETE
NAME STEVEN M GLUCKSTERN
STREET ADDRESS 123 NORTH WACKER DRIVE
CITY-ST-ZIP CHICAGO IL 60606

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(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, with all other like empowered.

SIGNATURE:

SIGNATURE

Jerome I. Baer

4/28/99 312 701-3640

SIGNATURE AT

Date

Daytime Phone #

CR2E034 (11/98)