

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 10, 1999 8:00 am
Secretary of State

05-10-1999 90283 030 ***150.00

DOCUMENT # F93000005636
Corporation Name

SG Acquisitions, Inc.

Principal Place of Business Mailing Address
900 N. Michigan Ave. 900 N. Michigan Ave.
Chicago, IL 60611-1575 Chicago, IL 60611-1575

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/13/1993	
4. FEI Number 65-0450953	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent	
10. Name and Address of New Registered Agent	

CT Corporation System
1200 S. 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	Director <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nickele, Gary	1.2 NAME	
STREET ADDRESS	900 N. Michigan Ave.	1.3 STREET ADDRESS	
CITY-STATE-ZIP	Chicago, IL 60611	1.4 CITY-STATE-ZIP	
TITLE	President <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nickele, Gary	2.2 NAME	
STREET ADDRESS	900 N. Michigan Ave.	2.3 STREET ADDRESS	
CITY-STATE-ZIP	Chicago, IL 60611	2.4 CITY-STATE-ZIP	
TITLE	Vice President <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Motta, James D.	3.2 NAME	
STREET ADDRESS	7900 Glades Road	3.3 STREET ADDRESS	
CITY-STATE-ZIP	Boca Raton, FL 33434	3.4 CITY-STATE-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nickele, Gary	4.2 NAME	
STREET ADDRESS	900 N. Michigan Ave.	4.3 STREET ADDRESS	
CITY-STATE-ZIP	Chicago, IL 60611	4.4 CITY-STATE-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Nielsen, Paul C.	5.2 NAME	
STREET ADDRESS	900 N. Michigan Ave.	5.3 STREET ADDRESS	
CITY-STATE-ZIP	Chicago, IL 60611	5.4 CITY-STATE-ZIP	
TITLE	Assistant Secretary <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'Mahoney, Karen M.	6.2 NAME	
STREET ADDRESS	900 N. Michigan Ave.	6.3 STREET ADDRESS	
CITY-STATE-ZIP	Chicago, IL 60611	6.4 CITY-STATE-ZIP	

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: Karen M. O'Mahoney Karen M. O'Mahoney 04/19/1999 (312) 915-1969

CR2E034 (11/98)