

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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90283 030 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F93000005636
 Corporation Name
 SG Acquisitions, Inc.

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/13/1993	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0450953	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution	
26		30		<input type="checkbox"/> \$5.00 May Be Added to Fees	
27		30		8. This corporation owes the current year Intangible Personal Property Tax.	
28		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
 CT Corporation System
 1200 S. Pine Island Road
 Plantation, FL 33324

10. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when rechartering) 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-ST-ZIP	Chicago, IL 60611	1.4 CITY-ST-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-ST-ZIP	Chicago, IL 60611	2.4 CITY-ST-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-ST-ZIP	Boca Raton, FL 33434	3.4 CITY-ST-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-ST-ZIP	Chicago, IL 60611	4.4 CITY-ST-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-ST-ZIP	Chicago, IL 60611	5.4 CITY-ST-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-ST-ZIP	Chicago, IL 60611	6.4 CITY-ST-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)