SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 F93000005954 (3) DOCUMENT # AMBROSI & ASSOCIATES, INC. Mailing Address Principal Place of Business 1100 W. WASHINGTON BLVD. 1100 W. WASHINGTON BLVD. CHICAGO IL 60607 CHICAGO IL 60607 3. Date Incorporated or Qualified 3a. Date of Last Report 12/30/1993 05/01/1995 2a, Mailing Address 4. FEI Number Applied For 2. Principal Place of Business 36-3762885 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zip Country Zip Yes 🗶 No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 83 City Zip Code 84 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) (3/<del>9</del>6) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN,12 OFFICERS AND DIRECTORS 13. 12. Addition DELETE 11 TITLE VICE PRESIDENT TITLE DINZOLE, JOHN W 1.2 NAME STEVEN SOMERVILLE CR2E037 NAME 6115 OFFICIAL RD. W. WASHINGTON 1.3 STREET ADDRESS 1100 STREET ADDRESS CRYSTAL LAKE IL CHICAGO, IL 60607 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE NARDULLI, ETTORE 2 2 NAME NAME 6115 OFFICIAL RD. 2 3 STREET ADDRESS STREET ADDRESS CRYSTAL LAKE IL 2 4 CITY - ST - ZIP CITY-ST-ZIP Change Addition Addition DELETE 3 1 TITLE TITLE KOCH, BRUCE K 3.2 NAME NAME 6 STAMFORD FORUM, STE. 501 3.3 STREET ADDRESS STREET ADDRESS STAMFORD CT 3.4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE BACHMANN, JOHN D 4. 2 NAME NAME 6115 OFFICIAL RD. 4.3 STREET ADDRESS STREET ADDRESS CRYSTAL LAKE IL 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE AMBROSI, NICHOLAS S 5.2 NAME NAME 1100 W. WASHINGTON BLVD. 5.3 STREET ADDRESS STREET ADDRESS CHICAGO IL 5.4 CITY - ST- ZIP CITY-ST-ZIP DELETE Change Addition 61 TITLE TITLE FRASCO, ROBERT A 6.2 NAME NAME 6 STAMFORD FORUM, STE 501 STREET ADDRESS **6.3 STREET ADDRESS** STAMFORD CT 6.4 CITY - ST - ZIP 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 617, Florida Statutes, and that my name appears in Block 12 or Block 18 or an attachment with a address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAND OR DEED OR DIRECTOR

Daytime Prone P

O019747

SIGNATURE: