FILED Apr 29, 1999 8:00 am Secretary of State

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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

DOCUMENT # FQ400000074

Principal Place 30 NORTH LASA SUITE 3100 CHICAGO IL 600 US	OF BUSINESS ALLE STREET	Mailing Address 30 NORTH LASALLE STREET SUITE 3100 CHICAGO IL 60802 US				DO NOT WR Date Incorporated or Qualifed 02/25/1994 FEI Number	ITE IN THIS	SPACE	`
	ace of Business	2a. Mailing Address				36-3782782		<u> </u>	oplied For ot Applicable
21 26 Suite, Apt. #, etc.			Suite, Apt. #, etc.		-+				Additional
22		 	27		5.	Certificate of Status Desired			equired
City & State		City & State			6.	Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip 24	Country Zip 29 30			Country		This corporation owes the cur Personal Property Tax.	rent year Inta	angible □Yes	□No
	9. Name and Address of Current	Registered Agent			10.	Name and Address of New	Registered /	Agent	
A T AARDARATIAN AVATEM			81	Name					
C T CORPORATION SYSTEM			82	Street A	ddress (P	O. Box Number is Not Accept	able)		
1200 S. Pine Island RD. Plantation Fl. 33324					·		_		
PLAN	HATION FE 33324		83						1
			84	City			FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				named o	ornoration	s cubmite this statement for the		its	s registered
office or re agent, I ar	to the provisions of Sections of 7.0007. egistered agent, or both, in the State of m familiar with, and accept the obligati	if Florida. Such change was aut	horized by	the corpor	ation's bo	pard of directors. I hereby acce	pt the appoir	itment as re	egistered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: R	Registered Ager	t signature req			DATE		
12.	OFFICERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO O	FICERS AN		ORS IN 12
TITLE	PCD DELETE		1.1 TITLE					☐ Change	
NAME	BRAULT, JEROME L		1.2 NAME						
STREET ADDRESS	· ·		1.3 STREET ADDRESS						
CITY-ST-ZIP	CHICAGO IL 60602		1.4 CITY-ST-ZIP					☐ Change	Addition
TITLE	_		2.1 TITLE	1				- Shally	
NAME	5.1.02.7, 0.450 2		2.2 NAME						
STREET ADDRESS	0180400 8 00000		2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE								Change	X Addition
NAME			3.2 NAME	-		as E. Murphy			
STREET ADDRESS	AS ILLIANAS OTDEET OUTE NAS					30 North LaSalle Street, Suite 3100			
CITY-ST-ZIP	CHICAGO IL 60602		1	1		ago, IL 60602			
TITLE			4.1 TITLE	4.1 TITLE				☐ Change	☐ Addition
NAME			4.2 NAME	-					\
STREET ADDRESS			4.3 STREE	T ADDRESS				•	}
CITY-ST-ZIP			4.4 CITY-S	T-ZIP					Com 4 1 177
TITLE	I		5.1 TITLE					Change	C Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	ţ					\
CITY-ST-ZIP		☐ DELETE	5.4 CITY-S 6.1 TITLE	1-2112			_	Change	☐ Addition
TITLE		□ nere ie	6.3 NAME						
POWE			6.3 STREE	L ADDRESS					ĺ
STREET ADDRESS		\	5.0 O ITALE						

6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify by the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 of 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. CITY-ST-ZIP

SIGNATURE:

QUIRECJEROME L. BRAULT

4/21/99