

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 10 AM 11:58

DOCUMENT # F94000001351 (5)

1. Corporation Name

PRIME FAIRWAYS, INC.

Principal Place of Business

77 W. WACKER DR
SUITE 3900
CHICAGO IL 60601

Mailing Address

77 W. WACKER DR
SUITE 3900
CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/17/1994

3a. Date of Last Report

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

36-3940053

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 C
NAME RESCHKE, MICHAEL W
STREET ADDRESS 77 W. WACKER DR, SUITE 3900
CITY-ST-ZIP CHICAGO IL

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

P/D

☐ Change ☒ Addition

TITLE VSD
NAME RUDNIK, ROBERT J
STREET ADDRESS 77 W. WACKER DR, SUITE 3900
CITY-ST-ZIP CHICAGO IL

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

☐ Change ☐ Addition

TITLE V
NAME GLICKMAN, DAVID M
STREET ADDRESS 77 W. WACKER DR, SUITE 3900
CITY-ST-ZIP CHICAGO IL

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

DELETE

☒ Change ☐ Addition

TITLE VT
NAME SCHRANK, WILLIAM A
STREET ADDRESS 77 W. WACKER DR, SUITE 3900
CITY-ST-ZIP CHICAGO IL

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

☐ Change ☐ Addition

TITLE V
NAME CAVENAUGH, RICHARD F
STREET ADDRESS 77 W. WACKER DR, SUITE 3900
CITY-ST-ZIP CHICAGO IL

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

DELETE

☒ Change ☐ Addition

TITLE AS
NAME HUFF, JOHN C
STREET ADDRESS 77 W. WACKER DR, SUITE 3900
CITY-ST-ZIP CHICAGO IL

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

☐ Change ☐ Addition

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(2)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1400

(Typed Name)