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

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F9400001360 (6) DOCUMENT #
1. Corporation Name

QUALITY ASSET MANAGEMENT, INC.

Principal Place of Business Mailing Address) (99 1(88 1)16 (6(1) 8			 	IIA BIIII BAII 1861	
rincipal Place of		_	MAD								
909 E. 10TH ST. 2500 LAKE COOK ROAD RIVERWOODS FL 60015											
SIOUX FALLS	30 3710 1	US				-3	. Date Incorporated or	Qualified	3a. Date	of Last F	Report
						3	03/17/1994	Qualified		5/01/1	
Principal Place	e of Business	2a. Mailing Address			~	4.	FEI Number			Ī	Applied For
	Oth Street	26 2500 Lake Coo	k Pood				46-0428414	•			Not Applicabl
Suite, Apt. #,	Suite, Apt. #, etc.				5	. Certificate of Status	Desired			5 Additional	
January 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		27 Attn. Tay Don	+ 1N			"	. Certificate of otatus		<u> </u>	Fee	Required
City & State		City & State	L. I-14			6	. Election Campaign F	_)0 May Be
Sioux Fa	alls, SD	28 Riverwoods, IL				Trust Fund Contribut				ed to Fees	
Zip	Country	Zip		unlry		8	. This corporation has			x under s	s 199.032,
57103	25 US	29 60015	30]	U	S		Florida Statutes Name and Addres		No Registered	Anent	
	9. Name and Address of Current	Registered Agent		81	Name	10	, Name and Addres	S OI ITEM I	iegistoreu	- year	
CT CORPORATION SYSTEM				82	Street A	Address (I	P.O. Box Number is N	ot Acceptal	ole)		
	PINE ISLAND RD.		83								
PLANTA	110N FL 33324			° $ $							
				84	City				FL	85 2	Zip Code
							automita this statemen	I for the ex	roose of ch	enging its	registered off
 Pursuant to 	the provisions of Sections 607.0502	and 607,1508, Florida Statu a. Such change was authori	tes, the ac zed by the	coro	ianteo co oration's	board of	directors. I hereby acc	ept the app	pointment as	registere	ed agent. I am
familiar with	the provisions of Sections 607.0502 d agent, or both, in the State of Florid , and accept the obligations of, Section	on 607.0505, Florida Statute	S.				,				
CNATURE											
SI	gristure, typed or printed name of registered agent a		OTE: Rugister		t signature n	required when	reinstating) ADDITIONS/CHANG	ES TO DE	DATE FICERS AND	DIRECT	OBS IN 12
2.	OFFICERS AND	DIRECTORS DELETE	13	TITLE		1	ADDITIONS/OFIANG	10.01		7 Change	
ITE	P CENON OURDIES	[] DELETE									/ 🔲 / 100 1111 111
AME	KEENON, CHARLES			NAME							
TREET ADDRESS	2500 LAKE COOK RD.		1		ADDRESS						
ITY-ST-ZIP	RIVERWOODS IL 60015	MS OF EXE		CITY-S	T-ZIP	ļ				1 Change	Addition
ITLE	V PICE PICE	(X) DELETE		TITLE		D,V					. A
IAME	CHANDLER, RICK			NAME		Davis	s, Sr., John T.				
STREET ADDRESS	909 E. 10TH ST.				ADDRESS	811 F	E. 10th Street,	Sioux	Falls,	SD 57	103
OTY-ST-ZIP	SIOUX FALLS SD 57104	FT DELETE		CITY-S	1- 7IP	-				Chang	
ITLE	S CONTROL BODERY W	DELETE		TITLE						briding	, [] , , , , , ,
IAME }	KUNATH, ROBERT W.		1	NAME		1					
TREET ADDRESS	2500 LAKE COOK ROAD				I ADDRESS	•					
CITY - ST - 2IP	RIVERWOODS IL			CiTY-S	ST · ZiP					Chang	e 🗀 Additio
ITLE	I DIMPLEM CONTROL F	DELETÉ		1 11111							~ Lui mounto
NAME	DUNTLEY, CYNTHIA E.		1	NAME							
STREET ADDRESS	2 WORLD TRADE CENTER				ADDRESS						
CITY-ST-ZIP	NEW YORK NY	FT pricts		CITY - S	ST - ZIF					Chang	e 🗍 Additio
ITLE	C TANDUICO OTTUTALI	DELÉTE		1 TILE						L.J. Smarty	- LI 1100-110
NAME	TANYKO, STEVEN J.			NAME							
STREET ADDRESS	2500 LAKE COOK ROAD				1 ADDRESS						
CHY-ST-ZIP	RIVERWOODS IL	FT reput		CITY-	S1-ZIF					Chang	ge 🙀 Additio
THLE	M DOCUMENT ORAIG A	☐ DELETE		1 TILLE		AS A				L Sugar	. ₩
NAME	POCHARDT, CRAIG A			2 NAME		A	dler, Donald N				
STREET ADDRESS	909 E. 10TH STREET				1 ADDRESS		500 Lake Cook 1				
CITY-SI-ZIP	SIOUX FALLS SD	10 11 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	64	4 CHY-	ST-7IP	Ki	verwoods. II.	Section 11	9.07(3)/W F	lorida Sta	atutes. I further
 I do hereby certify that 	certify that the information supplied the information indicated on this ann	with this filing is voluntarily fu ual report or supplemental ai	irn-sned ar nnual repo	na aoe rt is tr	es not qu ue and a	uality for tr accurate a	nd that my signature s	hall have th	ne same loga	effect a	is if made und
cath: that I	Law an officer or directfol of the corpo	bration or the receiver or trus	tee empo	wered	to execu	ute this re	port as required by Ch	apter 607,	Fiorida Stati /	πes; and	that my name
appears in	Block 12 or Block 12 if changed or	on an adachment with an ac	iuress.					- //	1		
SIGNAT	UDE: While & A	111 aNlbs.	Don	ald	N. Ad	ller, A	isst. Secretary	4/2	196 8	47/405	-1179
SIGNAI	SIGNATURE AND TYPED D	A PRINTED NAME OF SIGNING OFF	ICER OR DIR	ECTOR			De	160	, , ,	Daytin e Ph	one #