

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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000001486 (9)**  
 1. Corporation Name  
**THE AUTO CONDUIT CORPORATION**



Principal Place of Business <b>123 NORTH WACKER DR. 26TH FLOOR CHICAGO IL 60606 US</b>	Mailing Address <b>123 NORTH WACKER DR. 26TH FLOOR CHICAGO IL 60606-1700 US</b>
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3. Date Incorporated or Qualified <b>03/23/1994</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>36-3852675</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 <b>P.O. Box 8264</b> Suite, Apt. #, etc. 27 City & State 28 <b>Chicago IL</b> Zip 29 <b>60606</b> Country 30 <b>U.S.</b>
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9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM  
 1200 SOUTH 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 \_\_\_\_\_ Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ZITIN, GILBERT N</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	
TITLE	<b>AT</b>	<input type="checkbox"/> DELETE
NAME	<b>NELSON, CAHRLES</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	
TITLE	<b>VT</b>	<input type="checkbox"/> DELETE
NAME	<b>LUBOW, BURTON</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SPARER, WILLIAM J</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	
TITLE	<b>ED</b>	<input type="checkbox"/> DELETE
NAME	<b>MENTA, ZARIN</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	
TITLE	<b>AVPT</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RABIN, PAUL I</b>	
STREET ADDRESS	<b>123 NORTH WACKER DR.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>AND SUSAN M. FYDA 123 N. WACKER DR.</b>
1.4 CITY-ST-ZIP	<b>CHICAGO IL 60606</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>T ARLENE H. HARDY</b>
6.3 STREET ADDRESS	<b>123 N. WACKER DR.</b>
6.4 CITY-ST-ZIP	<b>Chicago IL 60606</b>

14. I do 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.

SIGNATURE: \_\_\_\_\_ **Susan M. Fyda** 4/29/97 3:06:37P

CR2E034 (9/96)