PROFIT CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # F94000001503 (1)

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
CONSTELLATION APARTMENTS, INC.

Principal Place of Business	Mailing Address
15 W. COLLEGE DR. ARLINGTON HTS IL 60004	15 W. COLLEGE DR. ARLINGTON HTS IL 60004

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/24/1994
3a. Date of Last Report:

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 36-2468250 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

KESHEN, NELSON C ESQ
~~1500 SAN REMO AVE., #220~~ 9130 So. Dadeland Blvd #1511
~~CORAL GABLES FL 33146~~ Miami, Fl. 33156

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDC	11 TITLE	☐ Change ☐ Addition
NAME	FELLARS, CAROLYN	12 NAME	
STREET ADDRESS	15 W. COLLEGE DR.	13 STREET ADDRESS	
CITY-ST-ZIP	ARLINGTON HTS. IL 60004	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FELLARS, RICHARD	22 NAME	
STREET ADDRESS	7575 ROCKTON RD.	23 STREET ADDRESS	
CITY-ST-ZIP	ROCKFORD IL 61103	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LOUDON, RHEA	32 NAME	
STREET ADDRESS	1719 STUART	33 STREET ADDRESS	
CITY-ST-ZIP	BERKELEY CA 94703	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	CARLSON, JOHN	42 NAME	
STREET ADDRESS	BOX 2214 RFD	43 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL 60047	44 CITY-ST-ZIP	
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	FELLARS, ROY A	52 NAME	
STREET ADDRESS	3323 LAKEWOOD CT.	53 STREET ADDRESS	
CITY-ST-ZIP	GLENVIEW IL 60025	54 CITY-ST-ZIP	
TITLE	T	61 TITLE	☐ Change ☐ Addition
NAME	FELLARS, REED	62 NAME	
STREET ADDRESS	1921 N. HALSTED	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60614	64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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: [signature] ROY A. FELLARS 7/20/95 708-255-1606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177063 FP