

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F94000001598 (1)

1. Corporation Name

COML 1989-B CORPORATION



Principal Place of Business

6111 NORTH RIVER ROAD  
ROSEMONT IL 60018

Mailing Address

6111 NORTH RIVER ROAD  
ROSEMONT IL 60018

3. Date Incorporated or Qualified  
03/30/1994

3a. Date of Last Report  
04/27/1995

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

4. FEI Number

36-3669103

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	PONTIKES, NICHOLAS K	
STREET ADDRESS	6111 NORTH RIVER ROAD	
CITY - ST - ZIP	ROSEMONT IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PONTIKES, WILLIAM N	
STREET ADDRESS	6111 NORTH RIVER ROAD	
CITY - ST - ZIP	ROSEMONT IL	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	VOSICKY, JOHN J	
STREET ADDRESS	6111 NORTH RIVER ROAD	
CITY - ST - ZIP	ROSEMONT IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GERKEN, RICHARD R	
STREET ADDRESS	6111 NORTH RIVER ROAD	
CITY - ST - ZIP	ROSEMONT IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ANDREINI, ALAN J	
STREET ADDRESS	6111 NORTH RIVER ROAD	
CITY - ST - ZIP	ROSEMONT IL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	HEWES, PHILIP A	
STREET ADDRESS	6111 NORTH RIVER ROAD	
CITY - ST - ZIP	ROSEMONT IL	

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	
1.4 CITY - ST - ZIP	
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 type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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)(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

04/18/96

(847)698-3000

Date

Daytime Phone #

CR2E034 (12/95)