

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **F94000001802 (7)**  
1. Corporation Name:  
**RBG X CORP.**

Principal Place of Business Mailing Address

**% RBG NATIONAL INC.  
154 W. HUBBARD ST., SUITE 250  
CHICAGO IL 60610**

**% RBG NATIONAL INC.  
154 W. HUBBARD ST., SUITE 250  
CHICAGO IL 60610**

3. Date Incorporated or Qualified **04/08/1994** 3a. Date of Last Report

4. FEI Number **APPLICATOR 36-9935990** Applied For (Yes) ( ) (No) ( )

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 (33)? Florida Statutes ( ) Yes ( ) No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt #, etc 26 Suite, Apt #, etc

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

B5 Zip Code **FL**

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 the corporation. (If the Registered Agent signature is required when filing this report.)

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>GOLDFINE, ROBERT S</b>
STREET ADDRESS	<b>154 W. HUBBARD ST.</b>
CITY, ST, ZIP	<b>CHICAGO IL 60610</b>
TITLE	<b>VD</b>
NAME	<b>BLOCK, BRUCE H</b>
STREET ADDRESS	<b>154 W. HUBBARD ST.</b>
CITY, ST, ZIP	<b>CHICAGO IL 60610</b>
TITLE	<b>SD</b>
NAME	<b>ROSS, ROBERT S</b>
STREET ADDRESS	<b>154 W. HUBBARD ST.</b>
CITY, ST, ZIP	<b>CHICAGO IL 60610</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	( ) Change ( ) Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	( ) Change ( ) Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	( ) Change ( ) Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	( ) Change ( ) Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	( ) Change ( ) Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	( ) Change ( ) 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 Sections 199 (2) (b) 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 in person. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199 Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Robert S Goldfine* Pres. Feb 17, 1995 (312) 464-4000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR