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0523296

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002231

1. Corporation Name
REGENCY SQUARE FINANCE CORPORATION

Principal Place of Business
3528 MARYLAND PKWY
LAS VEGAS NV 89109
US

Mailing Address
3528 MARYLAND PKWY
LAS VEGAS NV 89109
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/29/1994

2. Principal Place of Business

2a. Mailing Address

21 110 N. Wacker

26 110 N. Wacker

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

Chicago, IL

Chicago, IL

24 Zip

25 Country

29 Zip

30 Country

60606

USA

60606

USA

4. FEI Number
13-3711992

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PDC DELETE
NAME GRUBER, DAVID S.
STREET ADDRESS 3528 MARYLAND PKWY
CITY-ST-ZIP LAS VEGAS NV

1.1 TITLE PD Change Addition
1.2 NAME Robert A. Michaels
1.3 STREET ADDRESS 110 N. Wacker
1.4 CITY-ST-ZIP Chicago, IL 60606

TITLE VD DELETE
NAME FULLER, DONN M.
STREET ADDRESS 3528 MARYLAND PKWY
CITY-ST-ZIP LAS VEGAS NV

2.1 TITLE VD Change Addition
2.2 NAME John Bucksbaum
2.3 STREET ADDRESS 110 N. Wacker
2.4 CITY-ST-ZIP Chicago, IL 60606

TITLE VD DELETE
NAME JOHNSON, PETER
STREET ADDRESS 3528 MARYLAND PKWY
CITY-ST-ZIP LAS VEGAS NV

3.1 TITLE DVT Change Addition
3.2 NAME Bernard Freibaum
3.3 STREET ADDRESS 110 N. Wacker
3.4 CITY-ST-ZIP Chicago, IL 60606

TITLE VS DELETE
NAME GARFIELD, HOWARD
STREET ADDRESS 3528 MARYLAND PKWY
CITY-ST-ZIP LAS VEGAS NV

4.1 TITLE V Change Addition
4.2 NAME Jon E. Batesole
4.3 STREET ADDRESS 110 N. Wacker
4.4 CITY-ST-ZIP Chicago, IL 60606

TITLE V DELETE
NAME WEIBLEN, RICHARD
STREET ADDRESS 3528 MARYLAND PKWY
CITY-ST-ZIP LAS VEGAS NV

5.1 TITLE S Change Addition
5.2 NAME Marshall E. Eisenberg
5.3 STREET ADDRESS 2 N. LaSalle Ste. 2200
5.4 CITY-ST-ZIP Chicago, IL 60602

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Bernard FREIBAUM 3-31-99 (312)960-5805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0523296 (11/03)