

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

**FILED**

**Feb 27 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION  
ANNUAL REPORT  
1997**



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

**DOCUMENT # F94000002609 (5)**

1. Corporation Name:  
**CAPITAL ASSOCIATES ACQUISITION, INC.**



Principal Place of Business: **1201 NORTH CLARK STREET #300  
CHICAGO IL 60610  
US**

Mailing Address: **1201 NORTH CLARK STREET #300  
CHICAGO IL 60610-2270  
US**

3. Date Incorporated or Qualified: **05/18/1994**  
3a. Date of Last Report: **03/05/1996**

2. Principal Place of Business: **21**  
Subc. Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**

2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **27**  
City & State: **28**  
Zip: **29** Country: **30**

4. FEI Number: **36-3930541**  
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:  
**CT 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>C</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>MCKAY, TERRY A</b>		1.2 NAME	
STREET ADDRESS: <b>1201 N. CLARK ST., S-300</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP: <b>CHICAGO IL 60610</b>		1.4 CITY-ST-ZIP	
TITLE: <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>ROSENBERG, THOMAS B</b>		2.2 NAME	
STREET ADDRESS: <b>1201 N. CLARK ST., SUITE 300</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP: <b>CHICAGO IL 60610</b>		2.4 CITY-ST-ZIP	
TITLE: <b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>KUPFERBERG, SCOTT M</b>		3.2 NAME	
STREET ADDRESS: <b>1201 N. CLARK ST., S-300</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP: <b>CHICAGO IL 60610</b>		3.4 CITY-ST-ZIP	
TITLE: <b>ST</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: <b>METZGER, JOHN P</b>		4.2 NAME	
STREET ADDRESS: <b>1201 N. CLARK ST., S-300</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP: <b>CHICAGO IL 60610</b>		4.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME	
STREET ADDRESS: _____		5.3 STREET ADDRESS	
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP	
TITLE: _____	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME	
STREET ADDRESS: _____		6.3 STREET ADDRESS	
CITY-ST-ZIP: _____		6.4 CITY-ST-ZIP	

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: \_\_\_\_\_ Date: **2-20-97** (31a) 305-2600

CR2E034 (9/96)