

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

FILED

Mar 12 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **F94000003322 (4)**

1. Corporation Name

WESTSHORE INVESTORS, INC.



Principal Place of Business

**180 N. LASALLE ST
3400
CHICAGO IL 60601
US**

Mailing Address

**C/O GAIL CAREY
180 N. LASALLE ST.
CHICAGO IL 60601**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/23/1994

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

25

29

30

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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

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 | DONLEVY, FRANCIS | |
| STREET ADDRESS | 30 NORTH 3RD STREET, 5TH FLOOR | |
| CITY-ST-ZIP | HARRISBURG PA 17101 | |

| | | |
|----------------|--------------------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | GILBERT, PETER | |
| STREET ADDRESS | 30 NORTH 3RD STREET 5TH FLOOR | |
| CITY-ST-ZIP | HARRISBURG PA | |

| | | |
|----------------|----------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | KALMAN, DAVID J | |
| STREET ADDRESS | 30 NORTH 3RD STREET | |
| CITY-ST-ZIP | HARRISBURG FL | |

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | CLAEYS, JEROME III | |
| STREET ADDRESS | 180 NORTH LASALLE STREET | |
| CITY-ST-ZIP | CHICAGO IL | |

| | | |
|----------------|--------------------------|--|
| TITLE | VPS | <input checked="" type="checkbox"/> DELETE |
| NAME | NOELL, JOHN | |
| STREET ADDRESS | 180 N. LASALLE ST | |
| CITY-ST-ZIP | CHICAGO IL | |

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | AS | <input type="checkbox"/> DELETE |
| NAME | CAREY, GAIL | |
| STREET ADDRESS | 180 N. LASALLE ST. | |
| CITY-ST-ZIP | CHICAGO IL 60601 | |

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 checked="" type="checkbox"/> Addition |
| 5.2 NAME | VPS |
| 5.3 STREET ADDRESS | McCarthy, Thomas D. |
| 5.4 CITY-ST-ZIP | 180 N. LaSalle Street |

| | |
|--------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | Chicago, IL |
| 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.

SIGNATURE:

Gail Carey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/98
Date

312/541-6767
Telephone Number

CR2E034 (10/97)