

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

1995



APPROVED  
AND  
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95 MAR -1 PM 4:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F94000003323 (2)

NANTUCKET COURT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
900 N. MICHIGAN AVE., SUITE 1800 CHICAGO IL 60611	900 N. MICHIGAN AVE., SUITE 1800 CHICAGO IL 60611

3. Date Incorporated or Qualified	3a. Date of Last Report
06/23/1994	N/A
4. FEI Number	Applied For
36-3959844	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	Yes <input type="checkbox"/> No <input type="checkbox"/>

21. Principal Place of Business	2a. Mailing Address
21. 180 N. LaSalle Street	2a. 180 N. LaSalle Street
22. 3400	27. 3400
23. Chicago, IL	28. Chicago, IL
24. 60601	29. 60601
25. U.S.A.	30. U.S.A.

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 to the 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	DCOO
NAME	CHAPMAN, ROBERT J
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO IL
TITLE	DT
NAME	MCCARTHY, THOMAS D
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO IL
TITLE	D
NAME	COOKE, JOHN R
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO IL
TITLE	D
NAME	GAINES, GEORGE C
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO IL
TITLE	VS
NAME	NOELL, JOHN W
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO IL
TITLE	V
NAME	STEIN, WILLIAM J
STREET ADDRESS	900 N. MICHIGAN AVE.
CITY-ST-ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2. NAME	Joseph A. Braccia	
3. STREET ADDRESS	30 North 3rd Street, 5th Floor	
4. CITY-ST-ZIP	Harrisburg, PA 17101	
21. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22. NAME	Peter M. Gilbert	
23. STREET ADDRESS	30 North 3rd Street, 5th Floor	
24. CITY-ST-ZIP	Harrisburg, PA 17101	
31. TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32. NAME	David J. Kalman	
33. STREET ADDRESS	30 North 3rd Street, 5th Floor	
34. CITY-ST-ZIP	Harrisburg, PA 17101	
41. TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42. NAME	Charles H. Wurtzebach	
43. STREET ADDRESS	180 N. LaSalle Street	
44. CITY-ST-ZIP	Chicago, IL 60601	
51. TITLE	MD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52. NAME		
53. STREET ADDRESS	180 N. LaSalle Street	
54. CITY-ST-ZIP	Chicago, IL 60601	
61. TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62. NAME		
63. STREET ADDRESS	180 N. LaSalle Street	
64. CITY-ST-ZIP	Chicago, IL 60601	

14. I, the undersigned, certify that the information supplied is true, that it is voluntarily furnished and does not qualify for the exemption stated in Section 119.017(9)(k), Florida Statutes. I further certify that the information furnished 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 on the block of a stamp of an authorized officer.

SIGNATURE: *William J. Stein* 2/22/95 (312) 915-1793