

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F94000003323 (2)

1. Corporation Name

NANTUCKET COURT, INC.



Principal Place of Business

Mailing Address

180 N. LASALLE ST.
3400
CHICAGO IL 60601
US

180 N. LASALLE ST
3400
CHICAGO IL 60601
US

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

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 type for product name of registered agent and time of application

(If OFF - Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCOO
NAME CHAPMAN, ROBERT J
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY - ST - ZIP CHICAGO IL ☒ DELETE

TITLE DT
NAME MCCARTHY, THOMAS D
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY - ST - ZIP CHICAGO IL ☒ DELETE

TITLE D
NAME COOKE, JOHN R
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY - ST - ZIP CHICAGO IL ☒ DELETE

TITLE D
NAME GAINES, GEORGE C
STREET ADDRESS 900 N. MICHIGAN AVE.
CITY - ST - ZIP CHICAGO IL ☒ DELETE

TITLE MD
NAME NOELL, JOHN W
STREET ADDRESS 180 N. LASALLE ST
CITY - ST - ZIP CHICAGO IL ☐ DELETE

TITLE V
NAME STEIN, WILLIAM J
STREET ADDRESS 180 N. LASALLE ST
CITY - ST - ZIP CHICAGO IL ☐ DELETE

11 TITLE D
12 NAME Joseph A. Braccia
13 STREET ADDRESS 30 North 3rd Street, 5th Floor
14 CITY - ST - ZIP Harrisburg, PA 17101 ☐ Change ☒ Addition

21 TITLE D
22 NAME Peter M. Gilbert
23 STREET ADDRESS 30 North 3rd Street, 5th Floor
24 CITY - ST - ZIP Harrisburg, PA 17101 ☐ Change ☒ Addition

31 TITLE D
32 NAME David J. Kalman
33 STREET ADDRESS 30 North 3rd Street, 5th Floor
34 CITY - ST - ZIP Harrisburg, PA 17101 ☐ Change ☒ Addition

41 TITLE P
42 NAME Jerome J. Claeys III
43 STREET ADDRESS 180 North LaSalle Street
44 CITY - ST - ZIP Chicago, Illinois 60601 ☐ Change ☒ Addition

51 TITLE VP/S
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP ☒ Change ☐ Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

WILLIAM J. STEIN, VICE PRESIDENT

7/24/94

(312) 855-5700

Daytime Phone

CR2E034 (3/96)