

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. 180 N. LASALLE ST
3400 3400
CHICAGO IL 60601 CHICAGO IL 60601
US 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 28 Zip 29 Country 30 Country

3. Date Incorporated or Qualified **06/23/1994** 3a. Date of Last Report **03/01/1995**
 4. FEI Number **36-3959844** 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 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 _____ (DATE) _____
 Signature type for product name of registered agent and time if applicable (DATE) Registered Agent signature required when registering

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCOO <input checked="" type="checkbox"/> DELETE	11 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHAPMAN, ROBERT J	12 NAME	Joseph A. Braccia
STREET ADDRESS	900 N. MICHIGAN AVE.	13 STREET ADDRESS	30 North 3rd Street, 5th Floor
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	Harrisburg, PA 17101
TITLE	DT <input checked="" type="checkbox"/> DELETE	21 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCARTHY, THOMAS D	22 NAME	Peter M. Gilbert
STREET ADDRESS	900 N. MICHIGAN AVE.	23 STREET ADDRESS	30 North 3rd Street, 5th Floor
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	Harrisburg, PA 17101
TITLE	D <input checked="" type="checkbox"/> DELETE	31 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COOKE, JOHN R	32 NAME	David J. Kalman
STREET ADDRESS	900 N. MICHIGAN AVE.	33 STREET ADDRESS	30 North 3rd Street, 5th Floor
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	Harrisburg, PA 17101
TITLE	D <input checked="" type="checkbox"/> DELETE	41 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GAINES, GEORGE C	42 NAME	Jerome J. Claeys III
STREET ADDRESS	900 N. MICHIGAN AVE.	43 STREET ADDRESS	180 North LaSalle Street
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	Chicago, Illinois 60601
TITLE	MD <input type="checkbox"/> DELETE	51 TITLE	VP/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOELL, JOHN W	52 NAME	
STREET ADDRESS	180 N. LASALLE ST	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	61 TITLE	
NAME	STEIN, WILLIAM J	62 NAME	
STREET ADDRESS	180 N. LASALLE ST	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP	

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
 Date Date

CR2E034 (3/96)