

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000003624 (3)**

1. Corporation Name

CONTINENTAL PARK PARTNERS, INC.



Principal Place of Business

Mailing Address

2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015
US

2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015
US

3. Date Incorporated or Qualified
07/12/1994

3a. Date of Last Report
04/26/1995

4. FEI Number
36-3797551

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of Now Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE FL 32301

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CEO	<input type="checkbox"/> DELETE
NAME	MEADOR, THOMAS E	
STREET ADDRESS	22355 WAUKEGAN ROAD, SUITE A200	
CITY-ST-ZIP	BANNOCKBURN IL	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ALLAN	
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	
CITY-ST-ZIP	BANNOCKBURN IL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	PARKER, BRIAN	
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	
CITY-ST-ZIP	BANNOCKBURN IL	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	DARRAGH, ALEXANDER J	
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	
CITY-ST-ZIP	BANNOCKBURN IL	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	DUHIG, DANIEL A	
STREET ADDRESS	2355 WAUKEGAN ROAD, SUITE A200	
CITY-ST-ZIP	BANNOCKBURN IL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	OGLE, JERRY M	
STREET ADDRESS	2355 WAUKEGAN ROAD	
CITY-ST-ZIP	BANNOCKBURN IL	

1.1 TITLE	P/CEO/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Alan Lieberman	
2.3 STREET ADDRESS	2355 Waukegan Rd., #A200	
2.4 CITY-ST-ZIP	Bannockburn, IL 60015	
3.1 TITLE	SVP/CFOT/AS/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	SVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	John K. Powell, Jr.	
5.3 STREET ADDRESS	2355 Waukegan Rd., #A200	
5.4 CITY-ST-ZIP	Bannockburn, IL 60015	
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

800001793148
-04/24/96-01067-022
***200.00

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jerry M. Ogle*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY M. OGLE
Vice President and Secretary (847) 267-1600
Date: 4-25-96
Date/Time Phone #

CR2E034 (12/95)