

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

2355 WAUKEGAN ROAD
SUITE A200
BANNOCKBURN IL 60015
US

Mailing Address

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

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

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

TITLE ~~CEO~~ ☐ DELETE

NAME MEADOR, THOMAS E
STREET ADDRESS 22355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL

TITLE ~~EVP~~ ☒ DELETE

NAME WOOD, ALLAN
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL

TITLE ~~SVP~~ ☐ DELETE

NAME PARKER, BRIAN
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL

TITLE ~~SVP~~ ☐ DELETE

NAME DARRAGH, ALEXANDER J
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL

TITLE ~~SVP~~ ☒ DELETE

NAME DUHIG, DANIEL A
STREET ADDRESS 2355 WAUKEGAN ROAD, SUITE A200
CITY-ST-ZIP BANNOCKBURN IL

TITLE ~~VS~~ ☐ DELETE

NAME OGLE, JERRY M
STREET ADDRESS 2355 WAUKEGAN ROAD
CITY-ST-ZIP BANNOCKBURN IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/CEO/D

SVP
Alan Lieberman
2355 Waukegan Rd., #A200
Bannockburn, IL 60015

SVP/CFOT/AS/D

8000001793148

04/24/96-01067-022

***200.00

SVP
John K. Powell, Jr.
2355 Waukegan Rd., #A200
Bannockburn, IL 60015

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JERRY M. OGLE
Vice President and Secretary (847) 267-1600

Daytime Phone #

CR2E034 (12/95)