

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Jun 01 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000003850 (4)
1. Corporation Name
RBG XIV CORP.



Principal Place of Business: **154 W. HUBBARD ST. SUITE 250 CHICAGO IL 60610**

Mailing Address: **154 W. HUBBARD ST. SUITE 250 CHICAGO IL 60610**

DO NOT WRITE IN THIS SPACE

21	22	23	24	25	26	27	28	29	30
2. Principal Place of Business					2a. Mailing Address				
154 W. Hubbard					154 W. Hubbard				
Ste. 250					Ste. 250				
Chicago, IL					Chicago, IL				
60610					60610				

3. Date Incorporated or Qualified: **07/22/1994**

4. FEI Number: **36-3966355**

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFINE, ROBERT S	1.2 NAME	
STREET ADDRESS	154 W. HUBBARD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	1.4 CITY-ST-ZIP	
TITLE	VASD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLOCK, BRUCE H	2.2 NAME	
STREET ADDRESS	154 W. HUBBARD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, ROBERT S	3.2 NAME	
STREET ADDRESS	154 W. HUBBARD ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	3.4 CITY-ST-ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOHR, BARBARA	4.2 NAME	
STREET ADDRESS	154 W. HUBBARD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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cc 6/1

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Robert S Ross**

aba/98 13/2/4/04-01/01

CF2E034 (10/97)