

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

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 MAY -1 PM 11:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000004535 (0)

1. Corporation Name

AMLT, INC.

Principal Place of Business

**C/O WILLIAM J. SPARER, AON CORP.
123 N. WACKER DR.
CHICAGO IL 60606**

Mailing Address

**C/O WILLIAM J. SPARER, AON CORP.
123 N. WACKER DR.
CHICAGO IL 60606**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

08/31/1994

3e. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc

22

City & State

23

Zip

24

Principal Place of Bus./Mailing Address

123 North Wacker Drive, 26th Flr.

Chicago, Illinois 60606

County: COOK

4. FEI Number

23-2772791

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

**PCD
ZITIN, GILBERT
230 WEST MONROE ST., STE 1000
CHICAGO IL**

**VD
LUBOW, BURTON
230 WEST MONROE ST., STE 1000
CHICAGO IL**

**D
MEDVIN, HARVEY
123 NORTH WACKER DRIVE
CHICAGO IL**

**VS
SPARER, WILLIAM J
123 NORTH WACKER DRIVE
CHICAGO IL**

**T
RABIN, PAUL
123 NORTH WACKER DRIVE
CHICAGO IL**

**TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP**

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

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 110.07(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

4/27/95 (312) 221-3978