

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

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MAY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SECRET  
LAW

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **F94000004881 (8)**  
1. Corporation Name  
**MCDONALD RESEARCH, INCORPORATED**

Principal Place of Business Mailing Address  
**1021 SAN RAFAEL ST.  
ST. AUGUSTINE FL 32084** **1021 SAN RAFAEL ST.  
ST. AUGUSTINE FL 32084**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/21/1994</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>36-3366463</b>		Applied For Not Applicable	
22. Suite, Apt #, etc		27. Suite, Apt #, etc		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>MCDONALD, ANDREW G SR 1021 SAN RAFAEL ST. ST. AUGUSTINE FL 32084</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <b>MCDONALD, ANDREW G SR 1021 SAN RAFAEL ST. ST. AUGUSTINE FL 32084</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY, ST, ZIP		14 CITY, ST, ZIP	
TITLE	SD <b>BIRKENSTEIN, DAVID B 10 SOUTH RIVERSIDE PLAZA #1500 CHICAGO IL 60608</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	
TITLE	TD <b>MCDONALD, ANDREW G JR 2120 N. SHEFFIELD AVENUE CHICAGO IL 60614</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY, ST, ZIP		44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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)(b), 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 037, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an addendum.

SIGNATURE: *Andrew G. McDonald, President* **4-30-95 (904) 471-2353**  
SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR