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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **F94000005246 (3)**

1. Corporation Name
CMD REIM, INC.

Principal Place of Business	Mailing Address
SUITE 3900 227 WEST MONROE STREET CHICAGO IL 60606	SUITE 3900 227 WEST MONROE STREET CHICAGO IL 60606-5095

3. Date Incorporated or Qualified: **10/10/1994**
3a. Date of Last Report: **07/23/1996**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **36-3915237** ☐ 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

KILGALLON, PAUL J
899 W. CYPRESS CREEK RD
SUITE 109
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HIGLEY, JAMES R		1.2 NAME		
STREET ADDRESS	2500 MERIDIAN PKWY, STE 135		1.3 STREET ADDRESS		
CITY-ST-ZIP	DURHAN N.		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KILGALLON, PAUL J.		2.2 NAME		
STREET ADDRESS	899 W. CYPRESS CREEK RD., STE. 109		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	3.1 TITLE	Vice-President	☐ Change ☒ Addition
NAME	TERHAAR, PAUL H		3.2 NAME	Randal J. Selig	
STREET ADDRESS	227 WEST MONROE ST., STE. 3900		3.3 STREET ADDRESS	227 W. Monroe, Suite #3900	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	Chicago, Illinois 60606	
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ZWIEG, HUGH K		4.2 NAME		
STREET ADDRESS	227 WEST MONROE ST, STE. 3900		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WARREN, DAVID A		5.2 NAME		
STREET ADDRESS	2201 E. CAMELBACK RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	PHOENIX AZ		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	BRANDS, KEVIN R		6.2 NAME		
STREET ADDRESS	17304 PRESTON RD., STE. 960		6.3 STREET ADDRESS		
CITY-ST-ZIP	DALLAS TX		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 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: _____ RANDAL J. SELIG 1/13/97 312-726-3121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #