


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

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90129 044 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		 <b>FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # F94000005246</b>			
1. Corporation Name <b>CMD REIM, INC.</b>			
Principal Place of Business <b>SUITE 3900 227 WEST MONROE STREET CHICAGO IL 60606</b>		Mailing Address <b>SUITE 3900 227 WEST MONROE STREET CHICAGO IL 60606</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified <b>10/10/1994</b>		4. FEI Number <b>36-3915237</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>KILGALLON, PAUL J 899 W. CYPRESS CREEK RD SUITE 109 FT. LAUDERDALE FL 33309</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input type="checkbox"/> DELETE NAME <b>HIGLEY, JAMES R</b> STREET ADDRESS <b>2500 MERIDIAN PKWY, STE 135</b> CITY-ST-ZIP <b>DURHAM N.</b>		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS <b>227 West Monroe Street, Suite 3900</b> 1.4 CITY-ST-ZIP <b>Chicago, IL 60606</b>	
TITLE <input type="checkbox"/> DELETE NAME <b>KILGALLON, PAUL J.</b> STREET ADDRESS <b>899 W. CYPRESS CREEK RD., STE. 109</b> CITY-ST-ZIP <b>FT. LAUDERDALE FL</b>		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>SELIG, RANDAL J</b> STREET ADDRESS <b>227 WEST MONROE ST., STE. 3900</b> CITY-ST-ZIP <b>CHICAGO IL</b>		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>ZWIEG, HUGH K</b> STREET ADDRESS <b>227 WEST MONROE ST, STE. 3900</b> CITY-ST-ZIP <b>CHICAGO IL</b>		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>WARREN, DAVID A</b> STREET ADDRESS <b>2201 E. CAMELBACK RD.</b> CITY-ST-ZIP <b>PHOENIX AZ</b>		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME <b>BRANDS, KEVIN R</b> STREET ADDRESS <b>17304 PRESTON RD., STE. 960</b> CITY-ST-ZIP <b>DALLAS TX</b>		6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS <b>17300 Preston Road, Suite 150</b> 6.4 CITY-ST-ZIP <b>Dallas, TX 75252</b>	

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, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Randal J. Selig**

**2/08/99**

Date

**(312) 726-3121**

Daytime Phone #

CR2E034 (11/98)