

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

**FILED**

**Jun 12 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 # F94000005850 (2)**

1. Corporation Name  
**RBG XV 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

3. Date Incorporated or Qualified  
**11/14/1994**

2. Principal Place of Business  
21 **154 W. Hubbard**  
Suite, Apt #, etc  
22 **Ste. 250**  
City & State  
23 **Chicago, IL**  
Zip Country  
24 **60610** 25

2a. Mailing Address  
26 **154 W. Hubbard**  
Suite, Apt #, etc  
27 **Ste. 250**  
City & State  
28 **Chicago, IL**  
Zip Country  
29 **60610** 30

4. FEI Number  
**36-3981923**

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 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.  
SUITE 105  
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 **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 \_\_\_\_\_ (Signature typed or printed. Name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>GOLDFINE, ROBERT S</b>	
STREET ADDRESS	<b>154 W. HUBBARD ST.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BLOCK, BRUCE H</b>	
STREET ADDRESS	<b>154 W. HUBBARD ST.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSS, ROBERT S</b>	
STREET ADDRESS	<b>154 W. HUBBARD ST.</b>	
CITY-ST-ZIP	<b>CHICAGO IL 60610</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>900002558769</b>
6.3 STREET ADDRESS	<b>-06/12/98--01037--046</b>
6.4 CITY-ST-ZIP	<b>***150.00</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.

SIGNATURE: **Robert S. Ross** *[Signature]* **4-24-98 (312) 4104-1100**

CR2E034 (10/97)