FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # F95000000348 (1)

1. Corporation Name

JRC DALLAS, INC.

Principal Place of Business

919 N. MICHIGAN AVENUE, SUITE 1500
CHICAGO IL 60611-1689

Mailing Address

919 N. MICHIGAN AVENUE, SUITE 1500
CHICAGO IL 60611-1689

3. Date Incorporated or Qualified: 01/23/1995

3a. Date of Last Report:

4. FEI Number: XAPPLIEDFOR 36-4000767 — 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

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 ____

9. **Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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	COBD	☐ DELETE
NAME	SMITH, DONALD A	
STREET ADDRESS	919 N. MICHIGAN AVENUE, SUITE 1500	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VCD	☐ DELETE
NAME	ROSS, EDWARD W	
STREET ADDRESS	919 N. MICHIGAN AVENUE, SUITE 1500	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	PCOO	☐ DELETE
NAME	AGOSTINI, ANDREW	
STREET ADDRESS	919 N. MICHIGAN AVENUE, SUITE 1500	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	EV	☐ DELETE
NAME	POMPIZZI, E. MICHAEL	
STREET ADDRESS	919 N. MICHIGAN AVENUE, SUITE 1500	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VSGC	☐ DELETE
NAME	BERLINER, ROBERT W JR	
STREET ADDRESS	919 N. MICHIGAN AVENUE, SUITE 1500	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	V	☐ DELETE
NAME	ONG, JERRY	
STREET ADDRESS	919 N. MICHIGAN AVENUE, SUITE 1500	
CITY-ST-ZIP	CHICAGO IL 60611	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

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5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

a 5/29/96

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)(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

Andrew V. Agostini, President
5/10/1996 Date
312-642-6000 Daytime Phone #

CR2E034 (12/95)