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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90033 011 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000000348

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/23/1995

4. FEI Number

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COBD
NAME SMITH, DONALD A
STREET ADDRESS 919 N. MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

☐ DELETE

TITLE VCD
NAME ROSS, EDWARD W
STREET ADDRESS 919 N. MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

☐ DELETE

TITLE PCOO
NAME AGOSTINI, ANDREW
STREET ADDRESS 919 N. MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

☐ DELETE

TITLE EV
NAME POMPIZZI, E. MICHAEL
STREET ADDRESS 919 N. MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

☐ DELETE

TITLE S
NAME MADELINE A. SEBONIA
STREET ADDRESS 919 N. MICHIGAN AVE., SUITE 1500
CITY-ST-ZIP CHICAGO IL

☐ DELETE

TITLE V
NAME ONG, JERRY
STREET ADDRESS 919 N. MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

☐ DELETE

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

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

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 REQUIRED

Date

Daytime Phone #

CR2E034 (1/98)