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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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ncipal Place o	of Business	Mairing Address		, , , , , , , , , , , , , , , , , , , ,			
11 S. LASALL	£ ST.	11 S. LASALLE ST.					
CHICAGO IL 6	60603	CHICAGO IL 60603					
				3. Date incorporated or Qualified	3a. Date	of Last Re	eport
				03/09/1995	1		
Principal Plac	e of Business	2a. Mailing Address D	mula la la No	4. FEI Number 36-3925903			Applied For Not Applicabl
200E.	Kandolph +1:	26 200 F. 18	andolph Dr.				Additional
Suite, Apr. #,	L Elm	27 45 H	Flode	5. Certificate of Status Desired			Required
City & State	71 / / / / / /	City & State	1001	6. Election Campaign Financing		\$5.0	0 May Be
Chic	1200 16	28 Chicago	14	Trust Fund Contribution			to Fees
Zip /	Country /	Zy , J, /	Country	8. This corporation has liability for	intangible ta	ax under s	199.032,
local	01 25 U.S.A.	29 <i>(0060)</i>	30 U.S.A.		JV Io	4	·
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New F	(ag)istered	Agent	·
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD.			82 Street Add	dress (P.O. Box Number is Not Acceptat	olo)		
	TION FL 33324		83				
	11UN FL 33324						
PLANIA							
Pursuant to or registere familiar with		02 and 607,1508, Florida Statu rida. Such change was author ction 607,0505, Florida Statute	84 City Ites, the above named corporation's books.	oration submits this statement for the pu ard of directors. Thereby accept the app	FL rpose of cha pointment as	.	c Code egistered off Lagent, Lam
Pursuant to or registere familiar with SNATURE	the provisions of Sections 607.050 d agent, or both, in the State of Flo n, and accept the obligations of, Sec signature, types or printed name of registered age	ction 607.0505, Fibrida Statuti	ites, the above named corporation's bo		DATE	anging its registered	egistered offi I agent. I am
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SIGNATURE: SIGNATURE: SIGNATURE AND PRES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR # - Olian 30 May 1996