

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

FILED

Jan 30 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F95000001155 (9)

1. Corporation Name
JRC COLORADO, INC.

Principal Place of Business

919 N. MICHIGAN VE.
SUITE 1500
CHICAGO IL 60611-1689

Mailing Address

919 N. MICHIGAN VE.
SUITE 1500
CHICAGO IL 60611-1689



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/10/1995

3a. Date of Last Report

06/05/1996

4. FEI Number

36-4006721

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

XX Yes ☐ No

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CEO ☐ DELETE

NAME SMITH, DONALD A
STREET ADDRESS 919 N. MICHIGAN AVE.
CITY- ST- ZIP CHICAGO IL 60611

TITLE VC ☐ DELETE

NAME ROSS, EDWARD W
STREET ADDRESS 919 N. MICHIGAN AVE.
CITY- ST- ZIP CHICAGO IL 60611

TITLE PD ☐ DELETE

NAME AGOSTINI, ANDREW
STREET ADDRESS 919 N. MICHIGAN AVE.
CITY- ST- ZIP CHICAGO IL 60611

TITLE V ☐ DELETE

NAME POMPIZZI, E. MICHAEL
STREET ADDRESS 919 N. MICHIGAN AVE.
CITY- ST- ZIP CHICAGO IL 60611

TITLE VS ☒ DELETE

NAME BERLINER, ROBERT W JR
STREET ADDRESS 919 N. MICHIGAN AVE.
CITY- ST- ZIP CHICAGO IL 60611

TITLE V ☐ DELETE

NAME ONG, JERRY
STREET ADDRESS 919 N. MICHIGAN AVE.
CITY- ST- ZIP CHICAGO IL 60611

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

Madeline A. Sebonia
919 N. Michigan Ave.
Chicago IL 60611

14. I do 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:

Andrew V. Agostini

1-20-97

(312) 642-6000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)