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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90033 010 ****150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000001155

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/10/1995

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 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

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
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	CEO	<input type="checkbox"/> DELETE
NAME	SMITH, DONALD A	
STREET ADDRESS	919 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	VC	<input type="checkbox"/> DELETE
NAME	ROSS, EDWARD W	
STREET ADDRESS	919 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	AGOSTINI, ANDREW	
STREET ADDRESS	919 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	V	<input type="checkbox"/> DELETE
NAME	POMPIZZI, E. MICHAEL	
STREET ADDRESS	919 N. MICHIGAN AVE.	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SEBONIA, MADELINE A	
STREET ADDRESS	919 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	<input type="checkbox"/> 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	<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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 an other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Date

Daytime Phone #

CR2E034 (11/98)