

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

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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000004852 (8)**

1. Corporation Name

EFFICIENT MARKET SERVICES, INC.

Principal Place of Business

**106 WILMOT RD., STE. 300
DEERFIELD IL 60015**

Mailing Address

**106 WILMOT RD., STE. 300
DEERFIELD IL 60015-5105**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1995	3a. Date of Last Report 05/01/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 36-3764981	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	DIRECTOR
NAME	LEVY, WAYNE	1.2 NAME	WENDELL VAN ALKEN
STREET ADDRESS	106 WILMOT RD., STE. 300	1.3 STREET ADDRESS	2800 SAND HILL ROAD
CITY-ST-ZIP	DEERFIELD IL 60015	1.4 CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	VS	2.1 TITLE	DIRECTOR
NAME	BARON, PENNY	2.2 NAME	ERIC DI BENEDETTO
STREET ADDRESS	106 WILMOT RD., STE. 300	2.3 STREET ADDRESS	3000 SANDHILL RD, BLDG 2, SUITE 205
CITY-ST-ZIP	DEERFIELD IL 60015	2.4 CITY-ST-ZIP	MENLO PARK, CA 94025
TITLE	VD	3.1 TITLE	DIRECTOR
NAME	SPINDLER, MICHAEL	3.2 NAME	PETER HUSTING
STREET ADDRESS	106 WILMOT RD., STE. 300	3.3 STREET ADDRESS	12 INDIAN HILL ROAD
CITY-ST-ZIP	DEERFIELD IL 60015	3.4 CITY-ST-ZIP	WINNETKA, IL 60093
TITLE	CFO	4.1 TITLE	
NAME	FEID, WILLIAM	4.2 NAME	
STREET ADDRESS	106 WILMOT RD., STE. 300	4.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL 60015	4.4 CITY-ST-ZIP	
TITLE	DFO	5.1 TITLE	
NAME	MAGNUSON, RICHARD P	5.2 NAME	
STREET ADDRESS	3000 SANDHILL RD., BLDG. 4, SUITE 100	5.3 STREET ADDRESS	
CITY-ST-ZIP	MENLO PARK CA 94025	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Penny Baron (Penny Baron)

3/6/97

Date

Daytime Phone #

0481276

CR2E034 (9/96)