## F 95000005523

C T CORPORATION SYSTEM	:	
Requestor's Name 660 East Jefferson Street		
Address		
Tallahassee, Florida 3230	1	
City State Zip	Phone	
	-222-1092	*: *:
CORPORATIO	N(S) NAME	
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	<del></del>	
-100 1 1 por		
(A Droft)		, 1
(<) Profit ( ) NonProfit	( ) Amondment	( ) \$40 cmm
() Limited Liability Company	() Amendment	() Merger
(*) Foreign	() Dissolution/Withdraw	al () Mark ر
( ) Limited Partnership	() Annual Report	() Other
() Reinstatement	() Reservation	() Change of R.A.
		( ctitious Name
() Certified Copy	() Photo Copies	( CUS/ G/S
) Call When Ready	() Call if Problem	() After 4:30
( ) Walk In	( ) Will Wait	∍(·) Pick Up
( ) Mail Out		
Name Availability	,	
	,	PLEASE RETURN EXTRA COPY(S)
Document Examiner		FILE STAMPED
Jpdater	• • •	
Verifier		
Acknowledgment		
ALD Mark		
W.P Verlfler		

CR2E031 (1-89)

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	or Properties, Inc.			_
(Name d	of corporation: the word 'INC	ORPORATED," "COM	PANY," or "CORPO	DRATION" or
words or a	abbreviations of like import in	language, as will clea	irly indicate that it is	a corporation
Instead of	a natural person or partners	nip if not so contained	in the name at pre	sent.)
2.	Hineis			•
	(State or country under the	law of which it is inco	rporated)	
3. De	cember 16, 1992	4	Perpetual	
(Date	of Incorporation)	· ·	(Duration)	1
5. 36-	3860897			•
	(Federal Employe	r Identification number	, if applicable)	;
			•	٠ ي
	Qualification		<del></del>	
(Date first i	transacted business in Florid	ia. See sections 607.1	1501, 607.1502, and	1 817.155, F.S.)
<b>7.</b> 414 8	North Orleans, Suite 710,	Chicago, Illinois	60610	
		mailing address)		<del></del>
To enga	nge in any lawful act or a	nctivity for which co	orporations may be	e organized
8. <u>under 1</u>	<u> He Business Corporation I</u>	.awwas		
(Brief desc	ription of the nature of the b	usiness in which it is e	ngaged in the state	of Florida)
O Nomoo	and addresses of afficure			<u></u>
9. Names	and addresses of officers ar	na or airectors:		<del></del>
A. Dire	ectors:			
	N/A			
Address:				
		<u>,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,</u>		<del></del>
				<del></del>
Vice Chairr	man: N/A			
Address:			·	
				<del></del>
Director:	Jeffrey S. Elowe			
Address:	414 North Orleans, Suit	o 710 Chicago III i	Toir 60610	
	The second of th	c riv, unicago, illi	1018 00010	
Director:	Bradford Korzen			<del></del>
Address:	9300 Wilshire Boulevard	. Suite 560, Beverly	Hills, CA 90212	

	SCIE: letfrey S. Bloye			
Address:	414 North Orleans.		aro, Illinois 606	
Vice Presic	lent: Bradford Korzen			
Audiess.	9 100 Wilshire Bou	levard, Suite 5	60, Beverly Hills,	CA 90212
Secretary:	Bradford Korzen			
Address:	9300 Wilshire Boulevard, S	uite 560, Chicago,	Illinois 90212	
Treasurer:				
Address:	414 North Orleans, Suite 7	10, Chicago, Illino	is 60610	
(If needed, directors.)	you may attach an adden	dum to the applic	ation listing addition	al officers and/or
10. Name	and Street address of F			
•	Name:	CT CORPO	RATION SYSTEM	
Of	TICE Address:c/o C T	Corporation Syster	n, 1200 South Pine Isl	and Road
		Plantation	,Florida _	33324 Zip Code
11. Regis	tered agent's acceptanc	<b>~</b> :		
Havin stated corporate registere provisions of	ng been named as registe oration at the place design d agent and agree to act in all statutes relative to the with and accept the obligation.	red agent and to nated in this appli in this capacity. It is proper and com	cation, I hereby acc futher agree to com polete performance i	ept the appointment oply with the of my duties, and I
Regis	stered agent's signature:	C	T CORPORATION S	YSTEM
		Asserne.	ype Name and Title of	Officer)
delivery of ti	ed is a certificate of existents application to the Department of corporate records in the Mary	artment of State, I a the jurisdiction	DV the Secretary of 9	State or other official
13. (Signature	of Chairman, Vice Chairm	nan, or any officer	r listed in number 9 (	of the application)
14	leffrey S. Flowe, Presid (Name and capacity c	ent If person signing	application)	

1.1. Wanter 5710-825-8

THEORY STANDARDS TON STANDARDS

## To all to whom these presents Shall Come, Greeting:

9. George H. Ryan, Secretary of State of the State of Allinais.

ELKOR PROPERTIES, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE DECEMBER 16, 1992, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THI FILING OF

In Testimony Illherrof, I hereta set my hand and cause to be affixed the Great Scal of the State of Illinois this 31ST day of OCTOBER IS 19 95

George & Ryan



## MEMORANDUM

DATE:

January 9, 1997

TO:

Our Valuable Vendors

FROM:

Honor Adam

RE:

New Office Address

We're moving! Effective January 20, 1997 our office will be at a new location. Please adjust your records to reflect the new address, telephone and fax number.

Elkor Properties, Inc.

500 West Madison Street Suite 2980

Chicago, Illinois 60661 Phone Number: 312-669-1200

Fax Number: 312-669-1300

Please feel free to call me with any questions.

16h7

FILED 97 JAH 15 AH II: 24 SECKETANT OF STATE TALLAHASSEF ET ORINA