

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 04 1997 8:00am
Secretary of State

DOCUMENT # F95000005599 (4)

1. Corporation Name

USCC PAYROLL CORPORATION



Principal Place of Business

8410 W. BRYN MAWR AVE
SUITE 700
CHICAGO IL 60631

Mailing Address

8410 W. BRYN MAWR AVE
SUITE 700
CHICAGO IL 60631-3486

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/15/1995

3a. Date of Last Report

03/07/1996

4. FEI Number

36-4046814

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

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
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 for provisions of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME NELSON, H D
STREET ADDRESS 8410 W. BRYN MAWR AVE., STE 700
CITY-ST-ZIP CHICAGO IL

TITLE VT ☐ DELETE

NAME MEYERS, KENNETH R
STREET ADDRESS 8410 W. BRYN MAWR AVE., STE 700
CITY-ST-ZIP CHICAGO IL

TITLE S ☐ DELETE

NAME FITZELL, STEPHEN P
STREET ADDRESS ONE FIRST NATIONAL PLAZA
CITY-ST-ZIP CHICAGO IL 60603

TITLE D ☐ DELETE

NAME CARLSON, LEROY T
STREET ADDRESS 30 N LASALLE ST SUITE 4000
CITY-ST-ZIP CHICAGO IL 60602

TITLE V ☐ DELETE

NAME GOEHRING, RICHARD W
STREET ADDRESS 8410 W. BRYN MAWR
CITY-ST-ZIP CHICAGO IL

TITLE V ☐ DELETE

NAME TOWERS, EDWARD W
STREET ADDRESS 30 N LASALLE SUITE 4000
CITY-ST-ZIP CHICAGO IL 60602

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

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H. DONALD NELSON

1/22/97

(773) 399-8900

Date Daytime Phone

CR2E034 (9/96)