

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000005746

1. Corporation Name

BSRT WOODCREST OFFICE CORP.

Principal Place of Business

150 S. WACKER DR., #2900
CHICAGO IL 60606

Mailing Address

150 S. WACKER DR., #2900
CHICAGO IL 60606

2. Principal Place of Business

2a. Mailing Address

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Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

23

28

Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 re-registering.)

Date

12. OFFICERS AND DIRECTORS

TITLE P [] DELETE

NAME LEVINE, LEONARD G
STREET ADDRESS 150 S. WACKER DR., #2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE VP [] DELETE

NAME HANSEN, NEIL D
STREET ADDRESS 150 S. WACKER DR., #2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE VPS [] DELETE

NAME HIGGINS, ROBERT G
STREET ADDRESS 150 S. WACKER DR., #2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE TAS [] DELETE

NAME TEGLIA, JOEL L
STREET ADDRESS 150 S. WACKER DR., #2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE VP [] DELETE

NAME SCHMIDT, JAY E.
STREET ADDRESS 150 S. WACKER DR., #2900
CITY-ST-ZIP CHICAGO IL 60606

TITLE AS [] DELETE

NAME SWEICA, CHRISTOPHER J.
STREET ADDRESS 150 S. WACKER DR., #2900
CITY-ST-ZIP CHICAGO IL 60606

13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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SIGNATURE:

Christopher J. Swieca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/99 312 683-5531

0329589

CR2E034 (11/98)