

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
Mar 27 1996 8:00 am
Secretary of State

DOCUMENT # **F95000006295 (8)**

1. Corporation Name
CMD PROPERTIES, INC.



Principal Place of Business: **227 WEST MONROE ST., STE. 3900 CHICAGO IL 60606**
Mailing Address: **227 WEST MONROE ST., STE. 3900 CHICAGO IL 60606**

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

3. Date Incorporated or Qualified: **12/26/1995**
3a. Date of Last Report
4. FEI Number: **APPLIED FOR**
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

10. Name and Address of New Registered Agent

KILGALLON, PAUL J
899 W. CYPRESS CREEK RD., STE. 109
FT. LAUDERDALE FL 33309-2046

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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's signature to print when not printed) _____ (DATE)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--------------------------------|---------------------------------|
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | ELJENBOGEN, STEVEN W | |
| STREET ADDRESS | 227 WEST MONROE ST., STE. 3900 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | SCHALLER, RICHARD G | |
| STREET ADDRESS | 227 WEST MONROE ST., STE. 3900 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | DVS | <input type="checkbox"/> DELETE |
| NAME | SELIG, RANDAL J | |
| STREET ADDRESS | 227 WEST MONROE ST., STE. 3900 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | KILGALLON, PAUL J | |
| STREET ADDRESS | 227 WEST MONROE ST., STE. 3900 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | VT | <input type="checkbox"/> DELETE |
| NAME | BROSNAN, PETER G | |
| STREET ADDRESS | 227 WEST MONROE ST., STE. 3900 | |
| CITY-ST-ZIP | CHICAGO IL 60606 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

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 | |

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*****200.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or semi-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; that I am a resident of this state; 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 addition block with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/20
312-726-3121
CR2E034 (12/95)