

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

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90103 011 ***150.00

DOCUMENT # **F95000006295**

1. Corporation Name

CMD PROPERTIES, INC.



DO NOT WRITE IN THIS SPACE

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

Mailing Address
**227 WEST MONROE ST., STE. 3900
CHICAGO IL 60606**

3. Date Incorporated or Qualified

12/26/1995

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DV
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randal J. Selig

2/08/99

(312) 726-3121

Date

Daytime Phone #

CR2E034 (11/98)