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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000001003 (0)

1. Corporation Name

ARTHUR ANDERSEN INC. (DELAWARE)

Principal Place of Business

69 W. WASHINGTON ST.
CHICAGO IL 60602

Mailing Address

69 W. WASHINGTON ST.
CHICAGO IL 60602-3004

3. Date Incorporated or Qualified

02/27/1996

3a. Date of Last Report

February 19, 1996

2. Principal Place of Business

21 225 N. Michigan Avenue

Suite, Apt. #, etc.

22 Sixteenth Floor

City & State

23 Chicago, Illinois

Zip

24 60601

Country

25 U.S.A.

2a. Mailing Address

26 225 N. Michigan Avenue

Suite, Apt. #, etc.

27 Sixteenth Floor

City & State

28 Chicago, Illinois

Zip

29 60601

Country

30 U.S.A.

4. FEI Number

38-3643704

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

SHEDIVY, JAMES H
2805 FRUITVILLE RD.
SARASOTA FL 34237-5318

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 or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME EDWARDS, JAMES D
STREET ADDRESS 1345 AVE OF THE AMERICAS
CITY-ST-ZIP NEW YORK NY 10105

TITLE VD ☐ DELETE
NAME HEMSLEY, STEPHEN J
STREET ADDRESS 69 W. WASHINGTON ST.
CITY-ST-ZIP CHICAGO IL 60602

TITLE S ☐ DELETE
NAME STACHOWIAK, SHARON A
STREET ADDRESS 69 W. WASHINGTON ST.
CITY-ST-ZIP CHICAGO IL 60602

TITLE T ☐ DELETE
NAME BLACKLEDGE, STEVEN D
STREET ADDRESS 69 W. WASHINGTON ST.
CITY-ST-ZIP CHICAGO IL 60602

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☒ Change ☐ Addition
22 NAME of address
23 STREET ADDRESS 33 West Monroe Street
24 CITY-ST-ZIP Chicago, Illinois 60603

31 TITLE ☒ Change ☐ Addition
32 NAME Sharon A. McFadden
33 STREET ADDRESS 225 North Michigan Avenue
34 CITY-ST-ZIP Chicago, Illinois 60601

41 TITLE ☒ Change ☐ Addition
42 NAME of address
43 STREET ADDRESS 225 North Michigan Avenue
44 CITY-ST-ZIP Chicago, Illinois 60601

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 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: By:

By:

Sharon A. McFadden

Sharon A. McFadden

Date

Daytime Phone #

CR2E034 (9/96)