

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

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Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000001988 (2)

1. Corporation Name
LOGS NATIONAL SERVICING AGENCY, INC.



Principal Place of Business 4201 LAKE COOK ROAD NORTHBROOK IL 60062	Mailing Address 4201 LAKE COOK ROAD NORTHBROOK IL 60062-1060
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2. Principal Place of Business 21 7022 AC SKINNER PKWY Suite, Apt. #, etc. 22 SUITE 200 City & State 23 JACKSONVILLE, FL Zip 24 32256 Country 25 DUAL	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 04/23/1996 3a. Date of Last Report Applied For Not Applicable 4. FEI Number 36-3652582 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent EDWARDS, GAYLE G 7022 A.C. SKINNER PARKWAY, STE 200 JACKSONVILLE FL 32256	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
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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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS TITLE PD NAME SHAPIRO, GERALD M STREET ADDRESS 958 DEERFIELD ROAD CITY-ST-ZIP HIGHLAND PARK IL 60035 TITLE DV NAME KREISMAN, DAVID S STREET ADDRESS 88 PROSPECT CITY-ST-ZIP HIGHLAND PARK IL 60035 TITLE S NAME HEITTER, NANCY L STREET ADDRESS 410 NORTH WHEELING ROAD CITY-ST-ZIP PROSPECT HEIGHTS IL 60070 TITLE T NAME FYDRYCK, GREGORY E STREET ADDRESS 340 WEST IVY LANE CITY-ST-ZIP ARLINGTON HEIGHTS IL 60004 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP
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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 or changed, or on an attachment with an address.

SIGNATURE:  NANCY HEITTER 4/15/97 8472919100

CR2E034 (9/96)