

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Feb 26 1997 8:00am
Secretary of State

DOCUMENT # F96000002407 (2)

1. Corporation Name

CMD SOUTHWEST INC.

Principal Place of Business

3225 SOUTH HARDY DR., STE. 105
TEMPE AZ 85282

Mailing Address

3225 SOUTH HARDY DR., STE. 105
TEMPE AZ 85282-3329

3. Date Incorporated or Qualified

05/14/1996

3a. Date of Last Report

2. Principal Place of Business

21 227 West Monroe Street

Suite, Apt. #, etc.

22 Suite 3900

City & State

23 Chicago, Illinois

Zip

24 60606

Country

25 USA

2a. Mailing Address

26 227 West Monroe Street

Suite, Apt. #, etc.

27 Suite 3900

City & State

28 Chicago, Illinois

Zip

29 60606

Country

30 USA

4. FEI Number

36-3051321

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. 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

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP ☐ DELETE

NAME ELLENBOGEN, STEVEN
STREET ADDRESS 227 W. MONROE, STE. 3900
CITY-ST-ZIP CHICAGO IL 60606

TITLE C ☐ DELETE

NAME SCHALLER, RICHARD G
STREET ADDRESS 227 W. MONROE, STE. 3900
CITY-ST-ZIP CHICAGO IL 60606

TITLE DS ☐ DELETE

NAME SELIG, RANDAL J
STREET ADDRESS 227 W. MONROE, STE. 3900
CITY-ST-ZIP CHICAGO IL 60606

TITLE V ☐ DELETE

NAME MERMALL, MICHAEL E
STREET ADDRESS 227 W. MONROE, STE. 3900
CITY-ST-ZIP CHICAGO IL 60606

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

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Randal J. Selig 02-03-97 (312) 726-3121

Date

Daytime Phone #

CR2E034 (9/96)