

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

FILED

Mar 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **F96000003120 (0)**

1. Corporation Name  
**CMD REALTY INVESTORS, INC.**

Principal Place of Business  
**227 W. MONROE, SUITE 3900  
CHICAGO IL 60606**

Mailing Address  
**227 W. MONROE, SUITE 3900  
CHICAGO IL 60606**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/20/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>36-4021018</b>	<input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

**KILGALLON, PAUL  
889 WEST CYPRESS CREEK ROAD SUITE 109  
FT LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

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 signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELLENBOGEN, STEVEN W</b>	1.2 NAME	
STREET ADDRESS	<b>227 W. MONROE STREET SUITE 3900</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	1.4 CITY-ST-ZIP	
TITLE	DV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHALLER, RICHARD G</b>	2.2 NAME	
STREET ADDRESS	<b>227 W. MONROE STREET SUITE 3900</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	2.4 CITY-ST-ZIP	
TITLE	VSD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SELIG, RANDAL J</b>	3.2 NAME	
STREET ADDRESS	<b>227 W. MONROE STREET SUITE 3900</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ZWIEG, HUGH K</b>	4.2 NAME	
STREET ADDRESS	<b>227 W. MONROE STREET SUITE 3900</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	4.4 CITY-ST-ZIP	
TITLE	VTAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BROSNAN, PETER G</b>	5.2 NAME	
STREET ADDRESS	<b>227 W. MONROE STREET SUITE 3900</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CHICAGO IL 60606</b>	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KILGALLON, PAUL J</b>	6.2 NAME	
STREET ADDRESS	<b>899 W CYPRESS CREEK RD, STE 109</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not duplicate the information 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:

**Randal J. Selig** March 2, 1998 (312) 726-3121

CR2E034 (10/97)