

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90004 042 ***150.00

DOCUMENT # F96000003669

1. Corporation Name

BRYSON ASSOCIATES INCORPORATED

Principal Place of Business

123 N WACKER DR
CHICAGO IL 60606
US

Mailing Address

P.O. BOX 8264
CHICAGO IL 60680

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/19/1996

4. FEI Number

23-2085224

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
DP	MCDONNELL, DANIEL P	100 W AVE, BEAVER HILL S	JENKINTOWN PA 19046	<input type="checkbox"/>
D	O'HALLERAN, MICHAEL D	100 W AVE, BEAVER HILL S	JENKINTOWN PA 19046	<input checked="" type="checkbox"/>
D	WICHMANN, DAVID A	100 W AVE, BEAVER HILL S	JENKINTOWN PA 19046	<input type="checkbox"/>
T	HARDY, ARLENE H	100 W AVE, BEAVER HILL S	JENKINTOWN PA 19046	<input type="checkbox"/>
S	JESCHKE, ARLENE	100 W AVE, BEAVER HILL S	JENKINTOWN PA 19046	<input type="checkbox"/>
V	FYDA, SUSAN	123 N. WACKER DR	CHICAGO IL 60606	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
D P	McDonnell, Daniel P.	123 N. Wacker Dr.	Chicago, IL 60606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	Kozel, Donald P. Jr.	123 N. Wacker Dr.	Chicago, IL 60606	<input type="checkbox"/>	<input checked="" type="checkbox"/>
V	Wichmann, David A.	123 N. Wacker Dr.	Chicago, IL 60606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T	Hardy, Arlene H.	123 N. Wacker Dr.	Chicago, IL 60606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
S	Jeschke, Arlene	123 N. Wacker Dr.	Chicago, IL 60606	<input checked="" type="checkbox"/>	<input type="checkbox"/>
V	Baer, Jerome J.	123 N. Wacker Dr.	Chicago, IL 60606	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 T

JEROME J. BAER / V.P.-TAXES

4/28 /99 312 701-36400

Date

Daytime Phone #

CR2E034 (11/98)