


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

FILED

Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000004140 (7) 1. Corporation Name AMBASSADOR APARTMENTS (CRM MARYLAND), INC.					
Principal Place of Business 77 W WACKER DR 4040 CHICAGO IL 60601 US			Mailing Address 77 W WACKER DRIVE 4040 CHICAGO IL 60601 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 08/13/1996 4. FEI Number 36-3948161 Applied For <input type="checkbox"/> Not Applicable 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 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	
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 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 reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GLICKMAN, DAVID M		1.2 NAME		
STREET ADDRESS	77 WEST WACKER DR., STE 3900		1.3 STREET ADDRESS	Suite 4040	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP		
TITLE	VS	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PETERSON, ADAM D		2.2 NAME		
STREET ADDRESS	77 WEST WACKER DR., STE 3900		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COORSH, TOM		3.2 NAME	Suite 4040	
STREET ADDRESS	77 WEST WACKER DR., STE 3900		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RESCHKE, MICHAEL W		4.2 NAME	Suite 4040	
STREET ADDRESS	77 WEST WACKER DR., STE 3900		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HELLER, DAVID B		5.2 NAME	Suite 4040	
STREET ADDRESS	77 WEST WACKER DR., STE 3900		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME	9000002477909	
STREET ADDRESS			6.3 STREET ADDRESS	-04/03/98--01015--032	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***1200.00	

SIGNATURE:

[Signature]

Tom Coorsh

3/20/98

3/12/97-1600

CR2E034 (10/97)