

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000005248 (7)

1. Corporation Name

SHELL DEVELOPMENT CORPORATION - JUPITER

Principal Place of Business

40 SKOKIE BOULEVARD, SUITE 350
NORTHBROOK IL 60062

Mailing Address

40 SKOKIE BOULEVARD, SUITE 350
NORTHBROOK IL 60062-1816



3. Date Incorporated or Qualified

10/10/1996

3a. Date of Last Report

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

4. FEI Number

36-4052983

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

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 type for principal officer or registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	COBV	<input type="checkbox"/> DELETE
NAME	GINSBURG, SHELDON H	
STREET ADDRESS	40 SKOKIE BOULEVARD, SUITE 350	
CITY - ST - ZIP	NORTHBROOK IL 60062	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SNYDERMAN, PERRY J	
STREET ADDRESS	203 N. LASALLE STREET SUITE 1800	
CITY - ST - ZIP	CHICAGO IL 60601	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GLICKSTEIN, DANIEL B	
STREET ADDRESS	40 SKOKIE BOULEVARD	
CITY - ST - ZIP	NORTHBROOK IL 60062	
TITLE	CFOT	<input type="checkbox"/> DELETE
NAME	GOLDSTEIN, CRAIG J	
STREET ADDRESS	40 SKOKIE BOULEVARD	
CITY - ST - ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> DELETE
NAME	DESANTIS, H M	
STREET ADDRESS	40 SKOKIE BOULEVARD	
CITY - ST - ZIP	NORTHBROOK IL 60062	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RICHEY, ROBERT M	
STREET ADDRESS	40 SKOKIE BOULEVARD	
CITY - ST - ZIP	NORTHBROOK IL 60062	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 EXEMPTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

H M DeSantis

Date

2/27/97

Daytime Phone #

847-584-4600

CR2E034 (9/96)