

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

FILED
Mar 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005946 (6)**

1. Corporation Name
HRC III, INC.

Principal Place of Business
**180 NORTH LASALLE STREET
CHICAGO IL 60601**

Mailing Address
**C/O GAIL CAREY
180 N LASALLE ST
CHICAGO IL 60601
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/14/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 36-3627341	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		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 FL		86 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERLMUTTER, STEPHEN M	1.2 NAME	
STREET ADDRESS	1733 SPRUCE AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60635	1.4 CITY-ST-ZIP	
TITLE	VAS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUEHNLE, HERBERT W	2.2 NAME	
STREET ADDRESS	2 SOUTH 670 AVE. NORTH EAST	2.3 STREET ADDRESS	
CITY-ST-ZIP	OAK BROOK IL 60521	2.4 CITY-ST-ZIP	
TITLE	SVD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, STUART C	3.2 NAME	
STREET ADDRESS	40 W. SCHILLER	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60610	3.4 CITY-ST-ZIP	
TITLE	TV	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, ROGER E	4.2 NAME	
STREET ADDRESS	1225 STRATFORD PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHBROOK IL 60062	4.4 CITY-ST-ZIP	
TITLE	VAS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METZNER, RICHARD J	5.2 NAME	
STREET ADDRESS	1910 N. FREMONT	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60614	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDELMAN, HOWARD	6.2 NAME	
STREET ADDRESS	2374 ST. JOHNS AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	6.4 CITY-ST-ZIP	

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.

SIGNATURE:

Robert E. Smith

2/24/98 1312) 855-5700

CR2E034 (10/97)