

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 28 1997 8:00am
Secretary of State

DOCUMENT # **F96000006090 (2)**

1. Corporation Name
JRC SOUTHEAST, INC.

Principal Place of Business
**919 NORTH MICHIGAN AVENUE, SUITE 1500
CHICAGO IL 60611**

Mailing Address
**919 NORTH MICHIGAN AVENUE, SUITE 1500
CHICAGO IL 60611-1689**



3. Date Incorporated or Qualified
11/21/1996

3a. Date of Last Report

4. FEI Number
36-4114742

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

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
COBD	SMITH, DONALD A	919 NORTH MICHIGAN AVENUE, SUITE 1500	CHICAGO IL 60611	<input type="checkbox"/>
VC	ROSS, EDWARD W	919 NORTH MICHIGAN AVENUE, SUITE 1500	CHICAGO IL 60611	<input type="checkbox"/>
PC00	AGOSTINI, ANDREW	919 NORTH MICHIGAN AVENUE, SUITE 1500	CHICAGO IL 60611	<input type="checkbox"/>
EV	POMPIZZI, E M	919 NORTH MICHIGAN AVENUE, SUITE 1500	CHICAGO IL 60611	<input type="checkbox"/>
VS	LUZURIAGA, JAY	919 NORTH MICHIGAN AVENUE, SUITE 1500	CHICAGO IL 60611	<input type="checkbox"/>
V	ONG, JERRY	919 NORTH MICHIGAN AVENUE, SUITE 1500	CHICAGO IL 60611	<input 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
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Andrew V. Agostini

1-20-97

(312) 642-6000

Date

Daytime Phone

CR2E034 (9/96)