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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90033 009 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000006090

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE COBO
NAME SMITH, DONALD A
STREET ADDRESS 919 NORTH MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VC
NAME ROSS, EDWARD W
STREET ADDRESS 919 NORTH MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE PCOO
NAME AGOSTINI, ANDREW
STREET ADDRESS 919 NORTH MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE EV
NAME POMPIZZI, E M
STREET ADDRESS 919 NORTH MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VS
NAME LUZURIAGA, JAY
STREET ADDRESS 919 NORTH MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V
NAME ONG, JERRY
STREET ADDRESS 919 NORTH MICHIGAN AVENUE, SUITE 1500
CITY-ST-ZIP CHICAGO IL 60611

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)