

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jun 07, 1999 8:00 am
Secretary of State

06-07-1999 90007 008 ***550.00

DOCUMENT # F97000000479

1. Corporation Name
DORAL GP CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 200 W MADISON ST #3800 CHICAGO IL 60606		Mailing Address 200 W MADISON ST #3800 CHICAGO IL 60606	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23		City & State 28	
Zip 24		Zip 29	
Country 25		Country 30	
3. Date Incorporated or Qualified 01/29/1997		4. FEI Number 36-4119696	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET TALLAHASSEE FL 32301		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 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 DP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PRITZKER, PENNY		1.2 NAME	
STREET ADDRESS 200 W MADISON ST #3800		1.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		1.4 CITY-ST-ZIP	
TITLE DVT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MILLER, GLEN		2.2 NAME	
STREET ADDRESS 200 W MADISON ST #3800		2.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		2.4 CITY-ST-ZIP	
TITLE DVS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TURNER, ALLEN M		3.2 NAME	
STREET ADDRESS 200 W MADISON ST #3800		3.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		3.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME POORMAN, JOHN KEVIN		4.2 NAME	
STREET ADDRESS 200 W MADISON ST #3800		4.3 STREET ADDRESS	
CITY-ST-ZIP CHICAGO IL 60606		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

Kevin J. Poorman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/19/99 (312) 920-2450
Date Daytime Phone #

CR2E034 (11/98)