SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

F97000001031

RIVT, INC.

11 EAST WACKER DRIVE. SUITE 3000 111 EAST WACKER DRIVE, SUITE 3
CHICAGO IL 60601 CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/27/1997

Aug 19 1998 8:00am

Secretary of State

Z. Principal Place or Business Za. Mailing Ad			g Address	iress			4. FEI Number Applied For	
21		26					41-1866370 Not Applicable	
Suite, Apt.	#, etc.	Suite,	Sulte, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required	
City & Stat	e	City &	City & State				6. Election Campaign Financing \$5.00 May Be	
23		28	28				Trust Fund Contribution Added to Fees	
Zip	Country	Zıp		Coun	itry		8. This corporation owes or has paid the current year Intangible	
24 25 29 30				30			Personal Property Tax due June 30. Yes No	
9, Name and Address of Current Registered Agent					81		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM					81	Name		
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
				ļī	B 3			
				Ļ				
					84	City	FL 85 Zip Code	
11. Pursuant to the provisions of sections 607.0502 and 607.0508, 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, typod or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.				13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE			1.1 TITL	E		Change Addition		
NAME	HARTZELL, MARK D			1.2 NAM	Æ		<u></u> ,	
STREET ADDRESS 1308 CONAN DOYLE DRIVE			1.3 STRE		EETA	DDRESS		
CITY-ST-ZIP	NAPERVILLE IL 60564			1.4 CITY-ST-ZIP		ZIP		
TITLE	P		DELETE	2.1 TITLE			Change Addition	
NAME			2.2 NAM	1E		·		
STREET ADDRESS				2.3 STR	EET A	DORESS		
CITY-ST-ZIP	WESTERN SPRINGS IL 60558			24 CITY	/-ST-2	ZIP		
TITLE	- Lander -		3.1 TITL	E		Change Addition		
NAME	SQARAGLINO, FRANK 3.21		3.2 NAM	3.2 NAME				
STREET ADDRESS	REET ADDRESS 3565 SUMMIT AVENUE			3.3 STRI	3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 C(T)	(-ST-2	ZIP		
TITLE			4.1 TITU	E		Change Addition		
NAME	ARMN, NANCI J			4.2 NAM	ΙE		- • -	
STREET ADDRESS	16620 BLOSSOM LANE			4.3 STR	EET #	DDRESS		
CITY-ST-ZIP	TINLEY PARK IL 60477			4 4 CITY	ST-Z	ZIP		
TITLE	VAS		DELETE	5.1 TITL	E		Change Addition	
NAME	Charles, Steven e			5.2 NAM	1E		• "	
STREET ADDRESS	153 NORTH DIXON DRIVE			5.3 STR	EETA	DDRESS		
CITY-ST-ZIP	BATAVIA IL 60510			5.4 CITY	(-\$T-2	ZIP		
TITLE	CFOV		DELETE	6.1 TITL	E	T	Change Addition	
NAME	CHILD, PATRICIA M			6.2 NAME			000002620750	
STREET ADDRESS 135 SOUTH DIVISION STREET				6.3 STR	EETA	DORESS	-08/20/9801026027 PE	
CITY-ST-ZIP	PLAINFIELD IL 60544 6.4			6.4 CITY	(-ST-2	ZIP	***SSO.00 817	

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 or Chapter 607.