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



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

DOCUMENT # F9700001155 (7)

FILED Oct 01 1998 8:00am Secretary of State

| NORTHBROOK CORPORATION | | | | | | | | |
|---|--|--------------------------------------|----------------------|-----------------|------------------------------------|--|--|----------------------|
| | | | | | | 1 169 11 10 1110 10111 1 1 011 00111 101 | | <u> </u> |
| | | | | | | | | |
| Principal Plac | e of Business | | | | 1 COULDED 1610 1812 18811 WEILL WA | ili 00ili 00ili 60i 0 | AN AND DA DENNA A DATA COM | |
| 900 NORTH MICHIGAN AVENUE 900 NORTH MICHIGAN AVENU | | | | | ŀ | | | |
| CHICAGO IL 60611 CHICAGO IL 60611 | | | | | | | | |
| | | | | | | DO NOT WRI | | PACE |
| | | | | | I | Date Incorporated or Qualified | | |
| | | 1 2 | | | | 3/06/1997 | | |
| | Place of Business | 2a. Mailing Address | | | i | El Number 36-3109397 | | Applied For |
| Suite, Apt. | [26] Suite, Apt. #, etc. | # etc | | | 30-3 109391 | | Not Applicable \$8.75 Additional | |
| 22 27 | | | | | 5. C | Certificate of Status Desired | | Fee Required |
| City & Stat | te | City & State | | | 8 5 | tection Campaign Financing | | \$5.00 May Be |
| 23 | - | 28 | | | I . | rust Fund Contribution | | Added to Fees |
| Zip | Country Zip | | Country | | | his corporation owes or has p | aid the curren | |
| 24 | 25 | F¬ ` ⊢ | 30 | • | I . | Personal Property Tax due Jun | | Yes No |
| | 9. Name and Address of Curren | | | | 10. N | lame and Address of New R | egistered Ag | ent |
| СТ | CORPORATION SYSTEM | | [1 | 31 Name | 9 | | | |
| 1200 SOUTH PINE ISLAND ROAD | | | 1 | 32 Stree | t Address (P.C | address (P.O. Box Number is Not Acceptable) | | |
| PLAI | NTATION FL 33324 | | 02 Stiest At | | | . Dox riumbor to riot riboopia | 510) | İ |
| | | | 1 | 33 | | | | |
| | | | , | 34 City | | | i | 85 Zip Code |
| | | | | Zi, City | | | FL | 2ip Code |
| 11. Pursuant to the provisions of sections 607,0502 and 607,1508, Florida Statutes, the | | | | | corporation su | bmits this statement for the pu | rpose of chan | ging 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 | | | d Agent signa | ture required when r | - t-t | DATE | |
| 12. | OFFICERS ANI | | 13. | - | AE | ODITIONS/CHANGES TO OFF | FICERS AND | |
| TITLE | KARL, EDWARD G | L DELETE | 1.1 TITL | | | | ليا | Change Addition |
| NAME | 900 N MICHIGAN AVENUE | | 1.2 NAME | | | | | |
| STREET ADDRESS | CHICAGO IL | | 1 | ET ADDRESS | · | | | |
| CITY-ST-ZIP | VI | | 1.4 CITY 2.1 TITU | | <u> </u> | | —————————————————————————————————————— | |
| NAME | KOGEN, HOWARD | L DELETE | 2.2 NAM | | | | ليا | Change Addition |
| STREET ADDRESS | 900 N MICHIGAN AVENUE | | | ET ADDRESS | | | | |
| | CHICAGO IL | | 2.4 CITY-S | | ' | | | |
| CITY-ST-ZIP TITLE | VS | Horiere | 3.1 TITU | | v | | ₩. | Change Addition |
| NAME | RICHARDSON, CHESTER A | L_ DELETE | 3.2 NAME | | 1 * | dson, Chester A. | | Change Addition |
| STREET ADDRESS | 900 N MICHIGAN AVENUE | | | ET ADDRESS | NICHAE | dson, Chester A. Michigan Ave. | | |
| CITY-ST-ZIP | CHICAGO IL | | 3.4 CITY | | | | | |
| TITLE | V | X DELETE | 4.1 TITLE | | Unicago S | o, IL | | Change X Addition |
| NAME | BARBER, RIGEL | ₩1 here ie | 4.2 NAM | | | honey, Karen M. | ــا | ounilia EVI Vocition |
| STREET ADDRESS | 900 N MICHIGAN AVENUE | | | - Et address | | North Michigan A | Avenue | |
| CITY-ST-ZIP | CHICAGO IL | | 4.4 CITY | |) | ago, Illinois 60 | | |
| TITLE | VD | DELETE | 5.1 TITLE | | VIII. | NEA STREETINES OF | /// | Change Addition |
| NAME | BLUHM, NEIL G | CT Apprile | 5.2 NAM | E | | | | |
| STREET ADDRESS | 900 N MICHIGAN AVENUE | | B | ET ADORESS | | | , | |
| CITY-ST-ZIP | CHICAGO IL | | 5.4 CITY | | | | | |
| TITLE | D | DELETE | 6.1 TITLE | | † | | | Change Addition |
| NAME | GLAZOV, BURTON E | | 6.2 NAM | | | | ليسا | |
| STREET ADDRESS | 900 N MICHIGAN AVENUE | | | ET ADDRESS | | | | |
| CITY-ST-ZIP | CHICAGO IL | | 6.4 CITY | | | | | |
| 14 I bereby ce | artify that the information examined with | this filing does not qualify for the | ovemnti | | in contion 110 | 07/31/i) Florido Statutos I fuel | har partifu that | the information |

It 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 MANN MCDAMANONINA CHRANAN MI O'MANANAN 9/21/09 (212) ALE 1000

CR2E034 (5/98