

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

FILED

Apr 21 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F97000003587 (9)

1. Corporation Name
NON-REIT SERVICES CORP.



Principal Place of Business
TWO NORTH RIVERSIDE PLAZA
SUITE 1800
CHICAGO IL 60606

Mailing Address
TWO NORTH RIVERSIDE PLAZA
SUITE 1800
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 c/o Ann Schneider		07/10/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 2 N. Riverside Pl., #1600		APPLIED FOR	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Chicago, IL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24		29 60606		30 USA	

9. Name and Address of Current Registered Agent

LEXUS DOCUMENT SERVICES INC.
3953 W.W. KELLEY ROAD
TALLAHASSEE FL 32311

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ROSENBERG, SHEL Z		1.2 NAME				
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE 600		1.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP				
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LIEBENTRITT, DONALD J		2.2 NAME				
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE 600		2.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SCHNEIDER, ANN M		3.2 NAME				
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA, STE 600		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME			4.2 NAME	Stonebraker, Kelly			
STREET ADDRESS			4.3 STREET ADDRESS	2 N. Riverside Plaza			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Chicago, IL 60606			
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	200002496121 <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			6.2 NAME	-04/22/98--01019--025			
STREET ADDRESS			6.3 STREET ADDRESS	***150.00			
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.

SIGNATURE _____ APR 13 1998 312-466-2607

CR2E034 (10/97)