


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

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000003718

1. Corporation Name

LA SALLE PARTNERS CORPORATE & FINANCIAL SERVICES, INC.

Principal Place of Business

Mailing Address

FILED

98 MAY 13 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

700002525867
-05/15/98-01091-003
DON'T WRITE IN THIS SPACE ***150.00

3. Date Incorporated or Qualified

7/17/97

2. Principal Place of Business

2a. Mailing Address

21 200 EAST RANDOLPH DRIVE

26 200 EAST RANDOLPH DRIVE

4. FEI Number

36-4160753

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 43RD FLOOR

27 43RD FLOOR

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

City & State

City & State

23 CHICAGO, ILLINOIS

28 CHICAGO, ILLINOIS

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

Zip

Country

Zip

Country

24 60601

25 USA

29 60601

30 USA

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name C T CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD
83
84 City PLANTATION FL 85 Zip Code 33324

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, name, and printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

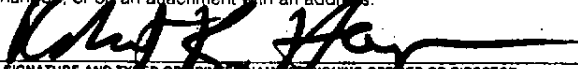
DATE

JERRY R. GRAVES ASST. SECY 5-12-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	D/C
STREET ADDRESS		1.3 STREET ADDRESS	STUART L. SCOTT
CITY-ST-ZIP		1.4 CITY-ST-ZIP	200 EAST RANDOLPH DRIVE, 43RD FLOOR CHICAGO, ILLINOIS 60601
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	D/P
STREET ADDRESS		2.3 STREET ADDRESS	ROBERT C. SPERRI
CITY-ST-ZIP		2.4 CITY-ST-ZIP	200 EAST RANDOLPH DRIVE, 43RD FLOOR CHICAGO, ILLINOIS 60601
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	D/M
STREET ADDRESS		3.3 STREET ADDRESS	EARL E. WEBB
CITY-ST-ZIP		3.4 CITY-ST-ZIP	200 EAST RANDOLPH DRIVE, 43RD FLOOR CHICAGO, ILLINOIS 60601
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	EXECUTIVE V/CFO'S
STREET ADDRESS		4.3 STREET ADDRESS	WILLIAM E. SULLIVAN
CITY-ST-ZIP		4.4 CITY-ST-ZIP	200 EAST RANDOLPH DRIVE, 43RD FLOOR CHICAGO, ILLINOIS 60601
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	V/ASSISTANT S
STREET ADDRESS		5.3 STREET ADDRESS	BRIAN P. HAKE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	200 EAST RANDOLPH DRIVE, 43RD FLOOR CHICAGO, ILLINOIS 60601
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	V/ASSISTANT S
STREET ADDRESS		6.3 STREET ADDRESS	ROBERT K. HAGAN
CITY-ST-ZIP		6.4 CITY-ST-ZIP	200 EAST RANDOLPH DRIVE, 43RD FLOOR CHICAGO, ILLINOIS 60601

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:



4/24/98

(312) 782-5800

CR2E034 (10/97)