

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Apr 21 1998 8:00am  
Secretary of State

DOCUMENT # F97000004518 (3)

1. Corporation Name  
EOPMC OF FLORIDA, INC.

Principal Place of Business  
C/O ANN SCHNEIDER  
2 N. RIVERSIDE PLAZA, STE 1600  
CHICAGO IL 60606

Mailing Address  
C/O ANN SCHNEIDER  
2 N. RIVERSIDE PLAZA, STE 1600  
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/27/1997

4. FEI Number  
APPLIED FOR

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

LEXIS DOCUMENT SERVICES INC  
3953 W.W. KELLEY RD  
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
P STEELE, MICHAEL  
STREET ADDRESS  
2 N RIVERSIDE PLAZA  
CITY-ST-ZIP  
CHICAGO IL

TITLE ☐ DELETE

NAME  
S KENEVAN, BROOKE  
STREET ADDRESS  
2 N RIVERSIDE PLAZA  
CITY-ST-ZIP  
CHICAGO IL

TITLE ☐ DELETE

NAME  
T FRENCH, TIMOTHY  
STREET ADDRESS  
2 N RIVERSIDE PLAZA  
CITY-ST-ZIP  
CHICAGO IL

TITLE ☐ DELETE

NAME  
VD LEBENTRITT, DONALD J  
STREET ADDRESS  
2 N RIVERSIDE PLAZA  
CITY-ST-ZIP  
CHICAGO IL

TITLE ☐ DELETE

NAME  
V BAKKE, TOM  
STREET ADDRESS  
2 N RIVERSIDE PLAZA  
CITY-ST-ZIP  
CHICAGO IL

TITLE ☐ DELETE

NAME  
V HARING, RUTH  
STREET ADDRESS  
2 N RIVERSIDE PLAZA  
CITY-ST-ZIP  
CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

V/S

D/EVP

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\*\*\*150.00

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:

Brooke Kenevan

4/13/98

312-466-3300

CP2E034 (10/97)