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PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

F9700005673 (5) DOCUMENT #

HELLER FINANCIAL REAL ESTATE SERVICES, INC.

FILED Feb 12 1998 8:00am Secretary of State

Principa! Place of Business 500 W. MONROE CHICAGO IL 60661		Mailing Address 500 W. MONROE CHICAGO IL 60661		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Mailing Address		10/28/1997 4. FEI Number	Applied For
21		26		36-4182851	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	**************************************	6. Election Campaign Financing	\$5.00 May Be
23		28	T - 0	Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Ζιρ 29	Country 30	This corporation owes or has paid the Personal Property Tax due June 30.	current year Intangible
24	9, Name and Address of Curre		[30]	10. Name and Address of New Register	
120	RPORATION SERVICE COMPAN DI HAYS STREET LAHASSEE FL 32301-2525	•	82 Street Add 83 84 City	dress (P.O. Box Number is Not Acceptable)	EL 85 Zip Code
	egistered agent, or both, in the State	e of Florida, Such change was	authorized by the corpora	tion's board of directors. I hereby accept the	appointment as registered
SIGNATURE	Signature, typnd or printed name of registered ag	yon and title dappin able (NC	DTE: Registered Agent signature requ		TÉ.
SIGNATURE	Signature, synod or printed harne of registered ng OFFICERS AN	yord and title it applicable (NC ND DIRECTORS	DTE Registered Agent signature requ		TE AND DIRECTORS IN 12
SIGNATURE 12. TITLE	Signature, typod or panted harne of registered to OFFICERS AN	yon and title dappin able (NC	13.	uired when reinstaling) DA	TÉ.
SIGNATURE	Signature, synod or printed harne of registered ng OFFICERS AN	yord and title it applicable (NC ND DIRECTORS	DTE Registered Agent signature requ	uired when reinstaling) DA	TE AND DIRECTORS IN 12
SIGNATURE 12. TIILE NAME	Signature, typind or printed harms of registered by OFFICERS AN DP GOLDSMITH, MICHAEL P	grant med title it mysecutale (NC NE) DIRECTORS DELETE	13. 1.1 TITLE 1.2 NAME	uired when reinstaling) DA	TE AND DIRECTORS IN 12
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14. Thereby certify that the information supplied with this filing does not indicated on this annual report or supplemental arrival report is tryofficer or director of the corporation or the receiver or tryofficer or by Block 12 or Block 13 if changed or on an attachment with an additional process. es not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is try perfect as if made under oath; that I am an environment of to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

1-30-98

312-441-7455