PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000002424 1. Corporation Name

BSRT PORTFOLIO CORP.

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD

PLANTATION FL 33324

Principal	Place	of	Business	

150 S. WACKER DR., STE. 2900 ATTN: ROBERT G. HIGGINS CHICAGO IL 60606

Mailing Address

150 S. WACKER DR., STE, 2900 ATTN: ROBERT G. HIGGINS CHICAGO IL 60606

Suite, Apt. #,	otc .	Suite, Apt	# ata
2	oic.	27	#, etc.
City & State		City & Stat	e
<u> </u>		28	
Zip	Country	Zip	Country
	25	29	30
	9. Name and Address of Cu	rrent Registered Agen	t

99 FEB 10 AHII: 02

SECHETATY OF STATE



5. Cert	I224591 fcate of Status Desired	V		Applied F Not Applii
6. Flec		\sim	•	Addition Required
Trus	ion Campaign Financir Fund Contribution	g []	\$5.00 May B Added to Fees	
	corporation owes the const Property Tax	urrent year Ir	itangible [] Yes	ΧNο
0 Nam	e and Address of Nev	w Registered	Agent	

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

82

83 84 Name

Street Ad-

SIGNATURE			
	Signature, typed or printed name of registered agent and title		Registered Agent signature re
12.	OFFICERS AND DIRE	CTORS	13.
TITLE	D	[] DELETE	1.1 THILE
NAME	AUCH, WALTER E SR.		1.2 NAME
STREET ADDRESS	150 S. WACKER DR., STE. 2900		13 STREET ADORESS
CITY-ST-ZIP	CHICAGO IL 60606		14 CITY-ST-2IP
TITLE	D	[] DELETE	217111.8
NAME	GOLD, NORMAN M		2 2 NAME
STREET ADDRESS			23 STREET ADDRESS
C/TY-ST-ZIP	CHICAGO IL 60606		2 4 CITY-S1-ZIP
TITLE	D	[] DEFELE	31 TITLE
NAME	SOTOLOFF, MARVIN A		3.2 NAME
STREET ADDRESS	150 S. WACKER DR., STE. 2900		3 3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL 60606		3.4 CITY-S7-ZIP
TILE	P	☐ DELETE	4.1 TITLE
hre	LEVINE, LEONARD G		4. 2 NAME
LEET ADDRESS			43 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL 60606		44 CITY-ST-ZIP
TITLE	V	[] DELETE	5 1 TITLE
NAME	Hansen, Neil D		5.2 NAME
STREET ADDRESS			5 3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL 60606		54 CiTY-ST-ZiP
TITLE	8	☐ DELETE	61 TITLE
NAME	HIGGINS, ROBERT G		6 2 NAME
STREET ADORESS	150 S. WACKER DR STE 2000		6.3 STREET ADDRESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

--82/17/99--01067--015

	(*************************************
	[]Change []Addition
	[]Change [JAddition
·	[]Change []Addition

Change	[] Addition
941-041	

14. I hereby certify that the information supplied with this filling 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 entropy with an address, with all other like empowered.

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 entropy with an address, with all other like empowered.

Robert G. Higgins

312 683 5589