

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F98000002891

1. Corporation Name

QRS GOLD MEDAL COMMUNITIES, INC.

Principal Place of Business

% ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA, STE. 1600  
CHICAGO IL 60606

Mailing Address

% ANN M. SCHNEIDER  
2 N. RIVERSIDE PLAZA, STE. 1600  
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/21/1998

4. FEI Number

36-4237512

Applied For

APPLIED FOR

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEXIS DOCUMENT SERVICES INC.  
3953 W.W. KELLEY RD.  
TALLAHASSEE FL 32311

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DCFO  
NAME HENEGHAN, THOMAS P JR.  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D/EVP/T

☒ Change ☐ Addition

TITLE DV  
NAME KELLEHER, ELLEN  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

D/EVP/AS

☒ Change ☐ Addition

TITLE DP  
NAME WALKER, HOWARD  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DC  
NAME ZELL, SAMUEL  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME FELL, DAVID  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE V  
NAME NADER, MARGUERITE  
STREET ADDRESS 2 N. RIVERSIDE PLAZA  
CITY-ST-ZIP CHICAGO IL 60606

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

Secretary  
Ann M. Schneider  
2 N. Riverside Plaza  
Chicago, IL 60606

☐ Change ☒ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/25/99

312-466-3607

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)