

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

0526363

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F98000003740

1. Corporation Name
ICM CONFERENCES, INC.

Principal Place of Business
303 E. WACKER DRIVE, 20TH FL
CHICAGO IL 60601

Mailing Address
303 E. WACKER DRIVE, 20TH FL
CHICAGO IL 60601

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 is not required for this filing)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE	PCO	[] DELETE
NAME	EVANS, MARCUS P	
STREET ADDRESS	303 E WACKER DRIVE, 20TH FL	
CITY-ST-ZIP	CHICAGO IL	
TITLE	CEO	[] DELETE
NAME	BIRRAMBY, THERON	
STREET ADDRESS	303 E WACKER DRIVE, 20TH FL	
CITY-ST-ZIP	CHICAGO IL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[] Change [] Addition

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

BURDAWAY, THERON

X Change [] Addition

[] Change [] Addition

4000002803694-1
-03/12/99-01012-004
****150.00 ****150.00

[] Change [] Addition

[] Change [] Addition

[] Change [] Addition

280
3/10/99

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR

DATE OF FILING

CR2E034 (11/98)

FILED

99 MAR -8 PM 3:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/30/1998

4. FEI Number

36-3974830

[] Applied For
[] Not Applicable

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 the current year Intangible
Personal Property Tax [] Yes [X] No

10. Name and Address of New Registered Agent