

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

FILED

Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # G01178 (4)			
1. Corporation Name BBC ASSOCIATES, INC.			
Principal Place of Business 1 KEMPER DRIVE, B-7 LONG GROVE IL 60049-0001 US		Mailing Address 1 KEMPER DRIVE, B-7 LONG GROVE IL 60049-9108 US	
2. Principal Place of Business		2a. Mailing Address	
21	State, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, WALTER L.	1.2 NAME	Curran, Robert M.
STREET ADDRESS	1 KEMPER DRIVE	1.3 STREET ADDRESS	1 Kemper Drive
CITY-ST-ZIP	LONG GROVE IL	1.4 CITY-ST-ZIP	Long Grove, IL 60049-0001
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEIRER, D. M.	2.2 NAME	Grauzas, Wayne A.
STREET ADDRESS	1 KEMPER DR.	2.3 STREET ADDRESS	1 Kemper Drive
CITY-ST-ZIP	LONG GROVE IL	2.4 CITY-ST-ZIP	Long Grove, IL 60049-0001
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEAL, J. E.	3.2 NAME	
STREET ADDRESS	120 S. LA SALLE ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	4.1 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, ROBERT J.	4.2 NAME	Smith, Robert A.
STREET ADDRESS	120 S. LASALLE ST.	4.3 STREET ADDRESS	1 Kemper Drive
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	Long Grove, IL 60049-0001
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STACY, R. B.	5.2 NAME	
STREET ADDRESS	1 KEMPER DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL	5.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONWAY, J. K.	6.2 NAME	
STREET ADDRESS	1 KEMPER DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONG GROVE IL	6.4 CITY-ST-ZIP	
14. I do 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, unchanged, or on an attachment with an address.			
SIGNATURE: <u>Wayne A. Grauzas</u> Wayne A. Grauzas, Vice-President 4/18/97 (847) 320-2000			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E034 (9/96)