

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

FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 60049-001
US**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/17/1982	
4. FEI Number 36-3246744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1 Kemper Drive Suite, Apt. #, etc.	26 1 Kemper Drive Suite, Apt. #, etc.
22 Tax Acctg, K-8 City & State	27 Tax Acctg, K-8 City & State
23 Long Grove, IL 60049 Zip Country	28 Long Grove IL 60049 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CURRAN, ROBERT M 1 KEMPER DRIVE LONG GROVE IL 01	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	VD GRAUZAS, WAYNE A 1 KEMPER DRIVE LONG GROVE IL 01	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY-ST-ZIP		24 CITY-ST-ZIP	
TITLE	STD SMITH, ROBERT A 1 KEMPER DRIVE LONG GROVE IL 01	31 TITLE	
NAME		32 NAME	Smith, Richard A
STREET ADDRESS		33 STREET ADDRESS	1 Kemper Drive
CITY-ST-ZIP		34 CITY-ST-ZIP	Long Grove IL 60049
TITLE	T STACY, R. B. 1 KEMPER DR LONG GROVE IL	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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.

SIGNATURE: *Robert M Curran* Robert M Curran, President 4/14/98 847-320-2000

CR2E034 (10/97)