

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

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Apr 11 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 # **K71903** (4)

1. Corporation Name
ROCK RIVER CONCESSIONS, INC.



Principal Place of Business
**101 15TH AVENUE
SUITE 2017
ROCKFORD IL 61104
US**

Mailing Address
**435 N MICHIGAN AVE
STE 600
CHICAGO IL 60611-4001
US**

3. Date Incorporated or Qualified **03/09/1989** 3a. Date of Last Report **02/28/1996**

4. FEI Number **65-0107202** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country 30

9. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
% C-T CORPORATION SYSTEM
1200 SOUTH 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 **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

TITLE DELETE
NAME: **PD MCGUIRE, MARK**
STREET ADDRESS: **1060 W. ADDISON ST. CHICAGO IL**

TITLE DELETE
NAME: **S GRADOWSKI, STANLEY J**
STREET ADDRESS: **435 N. MICHIGAN AVE. CHICAGO IL**

TITLE DELETE
NAME: **VT KOWAL, CONRAD**
STREET ADDRESS: **1060 WEST ADDISON STREET CHICAGO IL**

TITLE DELETE
NAME: _____
STREET ADDRESS: _____

TITLE DELETE
NAME: _____
STREET ADDRESS: _____

TITLE DELETE
NAME: _____
STREET ADDRESS: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE Change Addition
2.2 NAME: **S Kenney, Crane H.**
2.3 STREET ADDRESS: **435 N. Michigan Ave.**
2.4 CITY-ST-ZIP: **Chicago, IL 60611**

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

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

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

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

**800002141448
-04/14/97--01005--006
***165.00**

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 if changed, or on an attachment with an address.

SIGNATURE: **CRANE KENNEY** *Crane Kenney* 4-1-97 312-222-3277
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)