FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K80170** **(9)**

1. Corporation Name

USCIC OF OCALA, INC.

Principal Place of Business

8410 W BRYN MAWR STE 700
CHICAGO IL 60631

Mailing Address

8410 W BRYN MAWR STE 700
CHICAGO IL 60631

3. Date Incorporated or Qualified: **04/13/1989**

3a. Date of Last Report: **05/23/1995**

4. FEI Number: **36-3640303** — 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 filed, 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 24 Country 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

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 607.0505 and 607.1504, 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 or thereby, and I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	NELSON, H. DONALD	
STREET ADDRESS	8410 BRYN MAWR #700	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	☐ DELETE
NAME	CARLSON, LEROY T JR	
STREET ADDRESS	79 W MONROE ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☐ DELETE
NAME	TOWERS, EDWARD W.	
STREET ADDRESS	79 W MONROE STREET	
CITY-ST-ZIP	CHICAGO IL	
TITLE	ST	☐ DELETE
NAME	FITZELL, STEPHEN P.	
STREET ADDRESS	ONE FIRST NATIONAL PLAZA	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	☐ DELETE
NAME	MEYERS, KENNETH R.	
STREET ADDRESS	9410 BRYN MAWR #700	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AS	☐ DELETE
NAME	KROHSE, MARK A.	
STREET ADDRESS	8410 W. BRYN MAWR STE 700	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	☐ Change ☐ Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	☐ Change ☐ Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing, well and sufficient, furnished and does not qualify, for the exemption stated in Section 119.07(3)(k), 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: Mark A. Krohse — Mark A. Krohse — 2/23/96 — 312-399-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE NUMBER

CR2E034 (12/95)