

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

FILED

Mar 17 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 # **L66305** (8)
1. Corporation Name
VSB, INC.



Principal Place of Business % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	Mailing Address % CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 33 West Monroe Street Suite, Apt. #, etc. 22 City & State 23 Chicago, IL Zip 24 60603		2a. Mailing Address 26 225 West Wacker Drive Suite, Apt. #, etc. 27 Suite 2800 City & State 28 Chicago, IL Zip 29 60606		3. Date Incorporated or Qualified 04/18/1990	
				4. FEI Number 65-0220929	
				5. Certificate of Status Desired <input 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 type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRAMER, DOUGLAS			1.2 NAME	Lees, Marshal		
STREET ADDRESS	33 W MONROE ST			1.3 STREET ADDRESS	33 W. Monroe Street		
CITY-ST-ZIP	CHICAGO IL			1.4 CITY-ST-ZIP	Chicago, IL 60603		
TITLE	V	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	V/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KRAMER, ANTHONY			2.2 NAME	Rohner, Randall		
STREET ADDRESS	33 W MONROE ST			2.3 STREET ADDRESS	33 W. Monroe Street		
CITY-ST-ZIP	CHICAGO IL			2.4 CITY-ST-ZIP	Chicago, IL 60603		
TITLE	V	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	LEES, MARSHALL			3.2 NAME	Rogalla, William		
STREET ADDRESS	33 W MONROE ST			3.3 STREET ADDRESS	33 W. Monroe Street		
CITY-ST-ZIP	CHICAGO IL			3.4 CITY-ST-ZIP	Chicago, IL 60603		
TITLE	VST	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	RITO, GARY J.			4.2 NAME	Fritts, Peter		
STREET ADDRESS	100 NE 3RD AVE., STE 970			4.3 STREET ADDRESS	225 W. Wacker Drive		
CITY-ST-ZIP	FT LAUDERDALE FL			4.4 CITY-ST-ZIP	Chicago, IL 60606		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 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: *R W Rohner* Secretary 2/13

CR2E034 (10/97)