SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # L71005 (7)

1. Corporation Name

A & A GLASS & MIRROR, INC.

Principal Place of Business	Mailing Address
SUITE 2500 TWO NORTH LASALLE STREET CHICAGO IL 60602	SUITE 2500 TWO NORTH LASALLE STREET CHICAGO IL 60602

3. Date Incorporated or Qualified: 05/07/1990
3a. Date of Last Report: 05/01/1995

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

4. FEI Number: NOT APPLICABLE ☐ 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

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 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 ____________ DATE ____

12. OFFICERS AND DIRECTORS

	Officer	Delete
TITLE	PTD	☐ DELETE
NAME	KELLMAN, JOSEPH	
STREET ADDRESS	TWO N. LASALLE ST.,#2500	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	☐ DELETE
NAME	PETTIT, SCOTT	
STREET ADDRESS	TWO N. LASALLE ST., SUITE 2500	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	☒ DELETE
NAME	RAIZES, MAURICE P.	
STREET ADDRESS	208 S. LASALLE ST.,#1860	
CITY-ST-ZIP	CHICAGO IL	
TITLE	PTD	☒ DELETE
NAME	JANSON, RAYMOND	
STREET ADDRESS	TWO N LASALLE ST., #2500	
CITY-ST-ZIP	CHICAGO IL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

	Entry	Change / Addition
1.1 TITLE	PRESIDENT/DIRECTOR	☒ Change ☐ Addition
1.2 NAME	WILLIAM TORTORELLO	
1.3 STREET ADDRESS	2 N. LASALLE ST., STE 2500	
1.4 CITY-ST-ZIP	CHICAGO, IL 60602	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 8/7/96 312-578-7235
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #