

FILE NO. FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 27 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M92461 (6)

1. Corporation Name
1330 CONNECTICUT AVENUE, INC.

Principal Place of Business Mailing Address
**C/O C T CORPORATION SYSTEM
8751 WEST BROWARD BLVD.
PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/03/1988	3a. Date of Last Report 02/07/1994
4. FEI Number 36-3596806	Applied For Not Applicable
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 has liability for intangible tax under S. 199 (1)(2) Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 c/o State Board of Administration	26 1801 Hermitage Blvd.
22 502 N. Adams Street	27 Suite 600
23 Tallahassee, Florida	28 Tallahassee, Florida
24 32314 25 USA	29 32308 30 USA

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
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 mandatory) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MILLER, TODD A
STREET ADDRESS	1230 BLOUNTSTOWN HIGHWAY
CITY ST ZIP	TALLAHASSEE FL
TITLE	D
NAME	COOPER, GARY D.
STREET ADDRESS	1230 BLOUNTSTOWN HIGHWAY
CITY ST ZIP	TALLAHASSEE FL
TITLE	D
NAME	BENNETT, DOUGLAS W.
STREET ADDRESS	1230 BLOUNTSTOWN HIGHWAY
CITY ST ZIP	TALLAHASSEE FL
TITLE	VS
NAME	NOELL, JOHN, W
STREET ADDRESS	900 N MICHIGAN AVE
CITY ST ZIP	CHICAGO IL
TITLE	MDT
NAME	MCCARTHY, THOMAS D.
STREET ADDRESS	900 N MICHIGAN AVE
CITY ST ZIP	CHICAGO IL
TITLE	AVPS
NAME	CAREY, GAIL
STREET ADDRESS	900 N MICHIGAN AVE
CITY ST ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	502 N. Adams Street
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	502 N. Adams Street
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	502 N. Adams Street
34 CITY - ST - ZIP	
41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	180 N. LaSalle Street
44 CITY - ST - ZIP	Chicago, IL 60601
51 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Charles H. Wurtzebach
53 STREET ADDRESS	180 N. LaSalle Street
54 CITY - ST - ZIP	Chicago, IL 60601
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	180 N. LaSalle Street
64 CITY - ST - ZIP	Chicago, IL 60601

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)(b), 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: *Gail Carey* **Gail Carey** 4/17/95 (312) 541-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR