

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **M92461 (6)**

1. Corporation Name
1330 CONNECTICUT AVENUE, INC.



Principal Place of Business Mailing Address
**C/O STATE BOARD OF ADMINISTRATION
502 N ADAMS ST
TALLAHASSEE FL 32314
US** **1801 HERMITAGE BLVD
SUITE 600
TALLAHASSEE FL 32308
US**

3. Date Incorporated or Qualified **08/03/1988** 3a. Date of Last Report **04/27/1995**
4. FEI Number **36-3596806** 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 2a. Mailing Address
21 **1801 Hermitage Blvd.** 26 Suite, Apt. #, etc.
22 **Suite 600** 27 City & State
23 **Tallahassee, Florida** 28 City & State
24 **32308** 25 **USA** 29 Zip 30 Country

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
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____
Signer required to provide name of registered agent and address of principal place of business. (Both Registered Agent and Signer required when changing office.)

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	502 N ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOPER, GARY D.	
STREET ADDRESS	502 N ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W.	
STREET ADDRESS	502 N ADAMS ST	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	NOELL, JOHN, W	
STREET ADDRESS	180 N LASALLE ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WURTZEBACH, CHARLES H	
STREET ADDRESS	180 N LASALLE ST	
CITY-ST-ZIP	CHICAGO IL	
TITLE	AVPS	<input checked="" type="checkbox"/> DELETE
NAME	CAREY, GAIL	
STREET ADDRESS	180 N LASALLE ST	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1801 Hermitage Blvd.	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kerry J. Sparks	
2.3 STREET ADDRESS	1801 Hermitage Blvd.	
2.4 CITY-ST-ZIP	Tallahassee, Florida 32308	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1801 Hermitage Blvd.	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Howard J. Edelman	
5.3 STREET ADDRESS	180 N. LaSalle Street	
5.4 CITY-ST-ZIP	Chicago, Illinois 60601	
6.1 TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Thomas M. Burdi	
6.3 STREET ADDRESS	180 N. LaSalle Street	
6.4 CITY-ST-ZIP	Chicago, Illinois 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)(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: Thomas M. Burdi **Thomas M. Burdi, V.P.** 4/22/96 (312) 855-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE BY THE PHONE #

CR2E034 (12/95)