FILE NOW: FILING FEE IS \$61.25 NONPROFIT

STREET ADDRESS

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000005394 (9)

10100 SANTA MONICA, INC.

Principal Plac	ce of Business	Mailing Address			ie Abers maitt hatat ütelle fillis il	Citi geni indi
1801 HERMITA	GE BLVD.	1801 HERMITAGE BLVD.				
Suite 600 Tallahassee fl 82308		SUITE 600 TALLAHASSEE FL 32308-7703				
		710011110000 10 00000 1700	•	3. Date Incorporated or Qualified 10/21/1996	d 3a. Date of Last R	eport
2. Principal F	Place of Business	2a. Mailing Address		4. EEt Nimbor	Ar	plied For
21		26		59-3410291		t Applicable
Sulte, Apt.	· · · · · · · · · · · · · · · · · · ·	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
City & Stai	te	City & State		6. Election Campaign Financing		
23 Zin	Country	28	Country	Trust Fund Contribution	Added A	
Zip	25)	- ├──¬ `	Country	This corporation has liability for Florida Statutes	or intangible tax under s ☐ Yes 🛣 No	. 199.032,
241	9, Name and Address of Currer		1	10. Name and Address of New		
			81 Name	David E. Todd		
SCHOW	, HORACE II		82 Street	Address (P.O. Box Number is Not Accept	N-1-1-N	
1801 HERMITAGE BLVD.			62 Street	1801 Hermitage Blvd.	able)	
SUITE 100			83	Suite 100		
	ASSEE FL 32308		84 City		16-1 5	0 11
			84 City	Tallahassee		Code 308
11. Pursuant	to the provisions of Sections 617,050	2 and 617.1508, Florida Statutes	the above-named	corporation submits this statement for the	e purpose of changing it	s registered
agent. I a	registered agent, or both, in the State a <u>m fam</u> iliar with, and accept the oblig	of Florida, Such change was au ations of, Section 617.0503, Flori	thorized by the corp da Statutes.	corporation submits this statement for the poration's board of directors. I hereby accoration's	cept the appointment as	registered
SIGNATURE	United Tender	David E. Todd	, Assistan	t General Counsel	1-22-97	
	Signature, typed or printed name of registered age		Registered Agent signature		DATE	
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR Change	Addition
TITLE	DENNETT DOUGLAS W	☐ beceir	1.1 TITLE		∟ Change	L Addition
NAME OXOCCY ARROSEOG	BENNETT, DOUGLAS W 1801 HERMITAGE BLVD. SUIT	'E enn	1.2 NAME			
STREET ADDRESS	TALLAHASSEE FL 32308	E 000	1.3 STREET ADDRESS			
CITY-ST-ZIP TITLE	D PALLATIAGGE FL 32300	DELETE	1.4 City-ST-ZIP 2.1 TITLE		☐ Change	Addition
NAME	HORTON, JAMES W	L. Meet	22 NAME		onangs	
STREET ADDRESS	1801 HERMITAGE BLVD. SUIT	'E 600	2.3 STREET ADDRESS			
CITY-ST-ZIP	TALLAHASSEE FL 32308		2. 4 CITY - ST - ZIP			1
TITLE	D	DELETE	3.1 TITLE	······································	Change	Addition
NAME	MILLER, TODD A		3.2 NAME		•	
STREET ADDRESS	1801 HERMITAGE BLVD. SUIT	E 600	3.3 STREET ADDRESS			i
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TITLE	P	Change	Addition
NAME			4. 2 NAME	Howard J. Edelman		
STREET ADDRESS			4.3 STREET ADDRESS	180 N. LaSalle Street	•	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	Chicago, IL 60601		
TITLE		DELETE	5.1 TITLE	VTAS	Change	Addition
NAME			5.2 NAME	Roger E. Smith		
STREET ADDRESS	J		5.3 STREET ADDRESS	180 N. LaSalle Street		İ
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Chicago, IL 60601		
TITLE		☐ DELETE	6.1 TITLE	VAS	☐ Change	Addition

6.3 STREET ADDRESS

14. I do 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 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 right appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Thomas M. Burdi

180 N. LaSalle Street

FILED

Mar 17 1997 8:00am

Secretary of State