

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P01474 (6)

1. Corporation Name
ROBERT SURREY, INC.



Principal Place of Business
**101 NORTH WACKER DRIVE
CHICAGO IL 60606**

Mailing Address
**101 NORTH WACKER DRIVE
C/O HARTMARX CORP.
CHICAGO IL 60606
US**

3. Date Incorporated or Qualified **04/03/1984** 3a. Date of Last Report **05/01/1995**

4. FEI Number **36-6163392** 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 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 28 Zip 29 Country 30 Country

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number, if Applicable) **000001830030
-05/20/96--01106--030**

83 *****200.00**

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, if applicable (Date Registered Agent's qualification expires) (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RUECKEL, WALLACE L.	
STREET ADDRESS	101 N. WACKER	
CITY - ST - ZIP	CHICAGO IL	
TITLE	VAT	<input type="checkbox"/> DELETE
NAME	MORGAN, GLENN R.	
STREET ADDRESS	101 N WACKER DRIVE	
CITY - ST - ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONDON, JAMES E.	
STREET ADDRESS	101 N WACKER DRIVE	
CITY - ST - ZIP	CHICAGO IL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	DAVISON, STEVEN R.	
STREET ADDRESS	101 N WACKER DRIVE	
CITY - ST - ZIP	CHICAGO IL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

(Cont. on Exhibit "A" attached)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	PATEL, HOMI B.	
3. STREET ADDRESS		
4. CITY - ST - ZIP		
2. TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		
2. STREET ADDRESS		
2. CITY - ST - ZIP		
3. TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		
3. STREET ADDRESS		
3. CITY - ST - ZIP		
4. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		
4. STREET ADDRESS		
4. CITY - ST - ZIP		
5. TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5. NAME	PROCZKO, TARAS R.	
5. STREET ADDRESS	101 N. WACKER DR.	
5. CITY - ST - ZIP	CHICAGO, IL 60606	
6. TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. NAME	ALLEN, MARY D.	
6. STREET ADDRESS	101 N. WACKER DR.	
6. CITY - ST - ZIP	CHICAGO, IL 60606	

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 in an attachment with an address.

SIGNATURE: *Taras R. Proczko* Taras R. Proczko, Sec'y. 4/29/96 312 357-5321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

**ROBERT SURREY, INC.
1996 FLORIDA ANNUAL REPORT
Exhibit "A" to Document P01474
Additional Officers and Directors**

<u>Name</u>	<u>Office</u>	<u>Address</u>
Beth A. Campbell	Assistant Treasurer	101 N. Wacker Dr. Chicago, IL 60606
Raymond S. Swapa	Assistant Treasurer	101 N. Wacker Dr. Chicago, IL 60606
Andrew A. Zahr	Assistant Treasurer	101 N. Wacker Dr. Chicago, IL 60606
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