FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P01570** **(1)**

1. Corporation Name
PAT RYAN & ASSOCIATES, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
123 N. WACKER DR 26 FLOOR CHICAGO IL 60606 US	123 N. WACKER DR CHICAGO IL 60606 US

3. Date Incorporated or Qualified: **04/10/1984**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business / 2a. Mailing Address
21
Suite, Apt. #, etc.
22
City & State
23
Zip / Country
24

Principal Place of Bus./Mailing Address
123 North Wacker Drive, 26th Flr.
Chicago, Illinois 60606
County: COOK

4. FEI Number: **36-2734655** ☐ 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	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM **1200 S. PINE ISLAND ROAD** **PLANTATION FL 33324**	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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	1.1 TITLE	EVP	☐ Change ☒ Addition
NAME	RYAN, PATRICK G.	1.2 NAME	Patrick K. Donahue	
STREET ADDRESS	123 N. WACKER DRIVE	1.3 STREET ADDRESS	123 N. Wacker Drive	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	Chicago IL 60606	
TITLE	T	2.1 TITLE		☐ Change ☐ Addition
NAME	RABIN, PAUL I	2.2 NAME		
STREET ADDRESS	123 N. WACKER DRIVE	2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE		☐ Change ☐ Addition
NAME	MEDVIN, HARVEY N.	3.2 NAME		
STREET ADDRESS	123 N. WACKER DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP		
TITLE	AVP	4.1 TITLE		☐ Change ☐ Addition
NAME	GROB, ROBERT	4.2 NAME		
STREET ADDRESS	123 N. WACKER DRIVE	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	S	5.1 TITLE		☐ Change ☐ Addition
NAME	LORENZ, HUGO A.	5.2 NAME		
STREET ADDRESS	123 N. WACKER DRIVE	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP		
TITLE	P	6.1 TITLE	PC	☒ Change ☐ Addition
NAME	SINGER, KARL L	6.2 NAME	Singer Karl L	
STREET ADDRESS	123 N. WACKER DRIVE	6.3 STREET ADDRESS	123 N. Wacker Drive	
CITY-ST-ZIP	CHICAGO IL	6.4 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)(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 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: Robert Grob ROBERT GROB 4/26/95 312-201-3978
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0300451 CP