FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

APPROVED AND FILED
95 MAR -1 PM 4:25
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # P05600 (2)

1. Corporation Name

USR-MAAT INVESTMENTS, INC.

Principal Place of Business	Mailing Address
15750 S HARLEM SUITE 28 ORLAND PARK IL 60462 US	15750 S. HARLEM STE. 28 ORLAND PARK IL 60462 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/08/1985	3a. Date of Last Report: 02/28/1994
4. FEI Number: 36-3307266	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 15750 S. HARLEM AVENUE	26
Suite, Apt. #, etc. 22 SUITE 28	Suite, Apt. #, etc. 27
City & State 23 ORLAND PARK ILLINOIS	City & State 28
Zip 24 60462 — Country 25 USA	Zip 29 — Country 30

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 ______ NOTE: Registered Agent signature required when reinstating. DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	1 1 TITLE ☐ Change ☐ Addition
NAME	HALIKIAS, MICHAEL	1 2 NAME
STREET ADDRESS	15750 HARLEM AVE.	1 3 STREET ADDRESS
CITY-ST-ZIP	ORLAND PARK IL	1 4 CITY-ST-ZIP
TITLE	S	2 1 TITLE ☐ Change ☐ Addition
NAME	GUILLORY, JOEL R	2 2 NAME
STREET ADDRESS	15750 S. HARLEM	2 3 STREET ADDRESS
CITY-ST-ZIP	ORLAND PARK IL	2 4 CITY-ST-ZIP
TITLE	TD	3 1 TITLE ☐ Change ☐ Addition
NAME	GUILLORY, JOEL R.	3 2 NAME
STREET ADDRESS	175 E. DELAWARE PL.6309	3 3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL	3 4 CITY-ST-ZIP
TITLE	AS	4 1 TITLE ☐ Change ☐ Addition
NAME	WALTRICH, SHARON	4 2 NAME
STREET ADDRESS	15750 S. HARLEM AVE.	4 3 STREET ADDRESS
CITY-ST-ZIP	ORLAND PARK IL	4 4 CITY-ST-ZIP
TITLE		5 1 TITLE ☐ Change ☐ Addition
NAME		5 2 NAME
STREET ADDRESS		5 3 STREET ADDRESS
CITY-ST-ZIP		5 4 CITY-ST-ZIP
TITLE		6 1 TITLE ☐ Change ☐ Addition
NAME		6 2 NAME
STREET ADDRESS		6 3 STREET ADDRESS
CITY-ST-ZIP		6 4 CITY-ST-ZIP

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: [signature] PRESIDENT — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 2/24/95 (Date) — 708-429-6343 (Daytime Phone #)

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