

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

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Northington Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06189 (5)

1. Corporation Name
LANE PROPERTIES, INC.

Principal Place of Business:	Mailing Address:
1200 SHERMER ROAD NORTHBROOK IL 60062	1200 SHERMER ROAD NORTHBROOK IL 60062

**APPROVED
AND
FILED**

MAY -1 AM 5:42

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified:	3a. Date of Last Report:
21. State, Apt. #, etc.:		26. State, Apt. #, etc.:		05/28/1985	02/22/1994
22. City & State:		27. City & State:		4. FEI Number:	Applied For:
23. Zip:		28. Zip:		36-3360033	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	
7. 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. City:			
				84. Zip Code:			

11. Pursuant to the provisions of Sections 607.06(1) and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered officer 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 607.06(2), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12.	
OFFICER	NAME	1. OFFICER	Change Add
NAME	DC LANE, WILLIAM N. III	2. NAME	
STREET ADDRESS	1200 SHERMER ROAD	3. STREET ADDRESS	
CITY, ST, ZIP	NORTHBROOK IL	4. CITY, ST, ZIP	
OFFICER	S	5. OFFICER	Change Add
NAME	SCHILLER, ARTHUR J.	6. NAME	
STREET ADDRESS	1200 SHERMER ROAD	7. STREET ADDRESS	
CITY, ST, ZIP	NORTHBROOK IL	8. CITY, ST, ZIP	
OFFICER	PD	9. OFFICER	Change Add
NAME	RIJOS, JOHN P	10. NAME	
STREET ADDRESS	1200 SHERMER ROAD	11. STREET ADDRESS	
CITY, ST, ZIP	NORTHBROOK IL	12. CITY, ST, ZIP	
OFFICER	DT	13. OFFICER	Change Add
NAME	KALEBIC, THOMAS	14. NAME	
STREET ADDRESS	1200 SHERMER ROAD	15. STREET ADDRESS	
CITY, ST, ZIP	NORTHBROOK IL	16. CITY, ST, ZIP	
OFFICER		17. OFFICER	Change Add
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	
OFFICER		21. OFFICER	Change Add
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY, ST, ZIP		24. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not equally for the corporation stated in Sections 199.032(1)(b), Florida Statutes. I further certify that the information included on this annual report is supplemental financial 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 of this filing.

SIGNATURE: _____ **John P. Rijos President 4/24/95 (708) 498-6650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR