Applied For Not Applicable \$8.75 Additional

Fee Required \$5.00 May Be

Added to Fees

Zip Code

☐ Yes

ĎNo

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

LANE PROPERTIES, INC.							
Principal Place of Business	Mailing Address						
1200 SHERMER ROAD NORTHBROOK IL 60062	1200 Shermer Road Northbrook IL 60062			DO NOT WRITE IN THIS	SPAC		
	•	•		3. Date Incorporated or Qualifed 05/28/1985	DO NOT WRITE IN THIS SPACE rated or Qualifed 5 Status Desired		
Principal Place of Business 1	2a. Mailing Address			4. FEI Number 36-3360033	-		
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State		I & Election Compaign Financing	-			
Zip Country	Zip 29	Zip Country		8. This corporation owes the current year Int Personal Property Tax.			
Name and Address of Current Registered Agent			_	10. Name and Address of New Registered	Agent		
	***	81		Name			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD		82	†	Street Address (P.O. Box Number is Not Acceptable)	dress (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324	,	83	T				
		84	1	City	85		

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90021 045 ***158.75



office or re	to the provisions of Sections 607.0502 and 607 egistered agent, or both, in the State of Florida m familiar with, and accept the obligations of, S	. Such change was aut	horized by the corpo	corporation submits this statement for the oration's board of directors. I hereby acce	purpose of changing its pt the appointment as reg	registered istered		
SIGNATURE	Signature, typed or printed name of registered agent and title if a	entionale (NOTE: E	Registered Agent signature n	squired when rainstating)	DATE			
12.	OFFICERS AND DIREC	, , , , , , , , , , , , , , , , , , , ,	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTO	RS _{UN} 12		
TITLE	VP	☐ DELETE	1.1 TITLE	DC	☐ Change	Addition		
NAME	DE FORREST, WILLIAM J		1,2 NAME	LANE, WILLIAM N III				
STREET ADDRESS	1200 SHERMNER RD		1,3 STREET ADDRESS	1200 SHERMER RD.		!		
CITY-ST-ZIP	NORTHBROOK IL 60062		1.4 CITY-ST-ZIP	NORTHBROOK IL 60062				
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change	Addition		
NAME	SCHILLER, ARTHUR J.		2.2 NAME			į		
STREET ADDRESS	1200 SHERMER ROAD		2.3 STREET ADDRESS					
	NORTHBROOK IL		2.4 CITY-ST-ZIP					
CITY-ST-ZIP	PD .	DELETE	3.1 TITLE	- <u>;</u>	☐ Change	Addition		
NAME	RIJOS, JOHN P		3.2 NAME					
STREET ADDRESS	1200 SHERMER ROAD		3,3 STREET ADDRESS					
	NORTHBROOK IL		3.4. CITY+ST-ZIP					
TITLE	DT	☐ DELETE	4.1 TITLE		Change	Addition		
NAME	KALEBIC, THOMAS		4.2 NAME	,				
STREET ADDRESS	1200 SHERMER ROAD	•	4.3 STREET ADDRESS					
	NORTHBROOK IL		4.4 CITY-ST-ZIP	,				
CITY-ST-ZIP	VP	DELETE	5.1 TITLE		Change	Addition		
NAME	SCHORY, SCOTT		5.2 NAME					
	1200 SHERMER RD.		5.3 STREET ADDRESS					
STREET ADORESS	NORTHBROOK IL		5.4 CITY-ST-ZIP					
CITY-ST-ZIP	HOM I BROOK IL	☐ DELETE	6.1 TITLE		Change	Addition		
NAME			6.2 NAME		_ •			
			6.3 STREET ADDRESS					
STREET ADDRESS			6.4 CITY-ST-ZIP					
CITY-ST-ZIP	certify that the information supplied with this file	does not qualify for t		in Section 119.07(3)(i), Florida Statutes.	I further certify that the in	formation		
14. I hereby certify that the information supplied with this filing toes 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 eath; that I am an								

a) inval report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ver or flustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in himpry with an address, with all other like empowered. officer or director of the corporation Block 12 or Block 13 if changed, on URE REQUIONNE. RIJOS/ PRESIDENT 4/1/99 847/ 498- 6650

SIGNATURE:

Date

Daytime Phone #