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Apr 22, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P07872

1. Corporation Name

VMS BREWSTER REALTY, INC.

Principal Place of Business

%THE CORPORATION TRUST COMPANY
CORPORATION TRUST CTR., 1209 ORANGE ST.
WILMINGTON DE 19801

Mailing Address

BREWSTER REALTY, INC.
290 S. COUNTY FARM ROAD
WHEATON IL 60187-4526

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/25/1985

4. FEI Number

36-3080543

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VAN KAMPEN, ROBERT D
STREET ADDRESS 290 S. COUNTY FARM ROAD
CITY-ST-ZIP WHEATON IL 60187 ☐ DELETE

TITLE VD
NAME STONE, JOEL A
STREET ADDRESS 630 DUNDEE ROAD
CITY-ST-ZIP NORTHBROOK IL 60062 ☐ DELETE

TITLE VSD
NAME ALLEN, DAVID J
STREET ADDRESS 290 S. COUNTY FARM RD.
CITY-ST-ZIP WHEATON IL 60187 ☐ DELETE

TITLE T
NAME TRANNEL, JERALD A
STREET ADDRESS 290 S. COUNTY FARM RD.
CITY-ST-ZIP WHEATON IL 60187 ☐ DELETE

TITLE AS
NAME ONUFROCK, J. TIMOTHY
STREET ADDRESS 290 S. COUNTY FARM RD.
CITY-ST-ZIP WHEATON IL 60187 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

David J. Allen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-14-99

Date

630-588-7200

Daytime Phone #