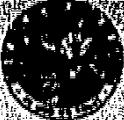


CORPORATION  
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE  
Serge B. McLean  
Secretary of State  
DIVISION OF CORPORATIONS

AND  
FILED

95 JAN 18 PM 4:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P08386

(5)

1. Corporation Name

BRAUVIN VENTURES, INC.

Principal Place of Business

333 W. WACKER #1020  
CHICAGO IL 60606

Mailing Address

150 S. WACKER DRIVE  
SUITE 3200  
CHICAGO IL 60606  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 150 S. Wacker Drive

2a. Mailing Address

26

3. Date Incorporated or Qualified

12/12/1985

3a. Date of Last Report

07/05/1994

Suite, Apt. #, etc.

22 Suite 3200

27 Suite, Apt. #, etc.

City & State

23 Chicago, IL

28 City & State

Zip

24 60606

Country

25 U.S.A.

29 Zip

Country

30

4. FEI Number

36-3260063

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

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 renewing)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	V	1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MAX, RONALD T.	12 NAME		
STREET ADDRESS	150 S. WACKER DR. STE 3200	13 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP		
P.D.		21 TITLE		
NAME	BRAULT, JEROME J.	22 NAME		
STREET ADDRESS	150 S. WACKER DR., STE. 3200	23 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP		
S		31 TITLE		
NAME	HESHPMAN, DON S. (ASST)	32 NAME		
STREET ADDRESS	150 S. WACKER DR., STE. 3200	33 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP		
D		41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	NIXON, KEITH A.	42 NAME		
STREET ADDRESS	150 S. WACKER DR., STE. 3200	43 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP		
D		51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MESKER, DAVID W.	52 NAME		
STREET ADDRESS	150 S. WACKER DR., STE. 3200	53 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP		
D		61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HERLETH, ROBERT	62 NAME		
STREET ADDRESS	150 S. WACKER DR., STE. 3200	63 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	64 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 110.07(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 or attorney authorized 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 in an attachment with an address.

SIGNATURE:

  
Signature and Typed Name of Signing Officer or Director

Jerome L. Brault 1/12/95 312-443-0937

Date

Daytime Phone

Evening Phone