FILE NOW: FILING FEE AFTER MAY 1 IS $25.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JAN 10 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #: **P08386** **(5)**

1. Corporation Name
BRAUVIN VENTURES, INC.

Principal Place of Business	Mailing Address
333 W. WACKER #1020 CHICAGO IL 60606	150 S. WACKER DRIVE SUITE 3200 CHICAGO IL 60606 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
12/12/1985	07/05/1994

2. Principal Place of Business	2a. Mailing Address
21 150 S. Wacker Drive	26
Suite, Apt. #, etc. 22 Suite 3200	Suite, Apt. #, etc. 27
City & State 23 Chicago, IL	City & State 28
Zip / Country 24 60606 / 25 U.S.A.	Zip / Country 29 / 30

4. FEI Number: 36-3260063 ☐ 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

9. Name and Address of Current Registered Agent	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	☐ Change ☐ Addition
NAME	MAX, RONALD T.	1.2 NAME	
STREET ADDRESS	150 S. WACKER DR. STE 3200	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	500001390235
TITLE	PD	2.1 TITLE	-01726795--01058-001 ☐ Change ☐ Addition
NAME	BRAULT, JEROME J.	2.2 NAME	****100.00 ****100.00
STREET ADDRESS	150 S. WACKER DR., STE. 3200	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	500001390235
TITLE	S	3.1 TITLE	-01726795--01058-002 ☐ Change ☐ Addition
NAME	HESSHMAN, DON S. (ASST)	3.2 NAME	****100.00 ****100.00
STREET ADDRESS	150 S. WACKER DR., STE. 3200	3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	NIXON, KEITH A.	4.2 NAME	
STREET ADDRESS	150 S. WACKER DR., STE. 3200	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MESKER, DAVID W.	5.2 NAME	
STREET ADDRESS	150 S. WACKER DR., STE. 3200	5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	HERLETH, ROBERT	6.2 NAME	
STREET ADDRESS	150 S. WACKER DR., STE. 3200	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	555 1/18/95

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)(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.

SIGNATURE: Jerome L. Brault 1/12/95 312-443-0920
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

D95A127 CP