FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 2:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P09114 (0)

1. Corporation Name
ECOVA CORPORATION

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
800 JEFFERSON CITY PARKWAY ~~MAIL CODE 2401A~~ GOLDEN CO 80401 US	200 EAST RANDOLPH DRIVE MC 2404 CHICAGO IL 60601-7125 US

3. Date Incorporated or Qualified: 02/17/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22): DELETE
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) County (25) Zip (29) County (30)

4. FEI Number: 82-0388402 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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 _____ DATE
Signature, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent's signature required where mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE		☐ Change ☐ Addition
NAME	NOEL, T.E.	12 NAME		
STREET ADDRESS	800 JEFFERSON CNTY PKWY	13 STREET ADDRESS		
CITY ST ZIP	GOLDEN CO 80401	14 CITY ST ZIP		
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	ENGLER, T. R	22 NAME	HARSTELLAR, B. H.	
STREET ADDRESS	800 JEFFERSON CNTY PKWY	23 STREET ADDRESS		
CITY ST ZIP	GOLDEN CO 80401	24 CITY ST ZIP		
TITLE	V	31 TITLE	V	☒ Change ☐ Addition
NAME	COOPER, E D	32 NAME	JOHNSON, R. B.	
STREET ADDRESS	800 JEFFERSON CNTY PKWY	33 STREET ADDRESS		
CITY ST ZIP	GOLDEN CO 80401	34 CITY ST ZIP		
TITLE	VTAS	41 TITLE		☐ Change ☐ Addition
NAME	BAUMANN, B.M.	42 NAME		
STREET ADDRESS	800 JEFFERSON CNTY PKWY	43 STREET ADDRESS		
CITY ST ZIP	GOLDEN CO 80401	44 CITY ST ZIP		
TITLE	AS	51 TITLE		☒ Change ☐ Addition
NAME	SIDDALL, J. L.	52 NAME		
STREET ADDRESS	200 E RANDOLPH DR	53 STREET ADDRESS		
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	CHICAGO, ILLINOIS 60601	
TITLE	AS	61 TITLE		☒ Change ☐ Addition
NAME	WILSON, G M	62 NAME		
STREET ADDRESS	200 E RANDOLPH DR	63 STREET ADDRESS		
CITY ST ZIP	CHICAGO IL	64 CITY ST ZIP	CHICAGO, ILLINOIS 60601	

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: J. L. Siddall J. L. Siddall Pres (312) 856-4476
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #

0388370 CP