

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P12771 (2)

1. Corporation Name

M & J EQUITIES CORPORATION



Principal Place of Business

180 N. MICHIGAN AVENUE
STE 200
CHICAGO IL 60601
US

Mailing Address

180 N MICHIGAN AVENUE
STE 200
CHICAGO IL 60601
US

3. Date Incorporated or Qualified
01/05/1987

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME MUMMERY, CYNTHIA A
STREET ADDRESS 180 N MICHIGAN AVENUE, #200
CITY- ST- ZIP CHICAGO IL

☐ DELETE

1.1 TITLE P
1.2 NAME Marc R. Wilkow
1.3 STREET ADDRESS 180 N. Michigan Ave., #200
1.4 CITY- ST- ZIP Chicago, IL 60601

☐ Change ☒ Addition

TITLE T
NAME HARRIGAN, THOMAS
STREET ADDRESS 180 N. MICHIGAN AVENUE, #200
CITY- ST- ZIP CHICAGO IL

☐ DELETE

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

☐ Change ☐ Addition

TITLE AS
NAME RALSTON, SUSAN B
STREET ADDRESS 180 N MICHIGAN AVENUE, #200
CITY- ST- ZIP CHICAGO IL

☒ DELETE

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

☐ Change ☐ Addition

TITLE S
NAME MUMMERY, CYNTHIA A.
STREET ADDRESS 180 N. MICHIGAN AVENUE
CITY- ST- ZIP CHICAGO IL

☐ DELETE

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

☐ Change ☐ Addition

TITLE AS
NAME CAMBRON, DIANE
STREET ADDRESS 180 N. MICHIGAN AVE.
CITY- ST- ZIP CHICAGO IL

☐ DELETE

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

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

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

☐ Change ☐ Addition

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)(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 owner 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Mummery 4/18/96

Date

Daytime Phone #

CR2E034 (12/95)