

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED

97 OCT -7 AM 9:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P17386 (4)

1. Corporation Name
ESTES GREEN, INC.

| | |
|---|---|
| Principal Place of Business 1301 ESTES AVENUE ELK GROVE VILLAGE IL 60007 | Mailing Address 1301 ESTES AVENUE ELK GROVE VILLAGE IL 60007 |
|---|---|



DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 29 |

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/24/1987 | 3a. Date of Last Report 04/19/1996 |
| 4. FEI Number 36-1306970 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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: *Karen B. Rozar* **Karen B. Rozar, As Its Agent** DATE: **10-7-97**

12. OFFICERS AND DIRECTORS

| | | | | |
|-------|---------------------|-------------------|----------------------------|--|
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| PD | KARP, JACK | 1301 ESTES AVENUE | ELK GROVE VILLAGE IL | |
| T | GARDNER, GARY | 1301 ESTES AVENUE | ELK GROVE VILLAGE IL 60007 | <input type="checkbox"/> DELETE |
| SO | KARP-HOCHBERG, SARA | 1301 ESTES AVENUE | ELK GROVE VILLAGE IL | <input checked="" type="checkbox"/> DELETE |
| S | SAKATA, GARY | 1301 ESTES AVENUE | ELK GROVE VILLAGE IL 60007 | <input checked="" type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |
| | | | | <input type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | 600002314116--5 |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | <i>William Goldman</i> |
| 3.3 STREET ADDRESS | <i>1301 Estes Ave</i> |
| 3.4 CITY-ST-ZIP | <i>Elk Grove Village, IL 60007</i> |
| 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | <i>Karp, Josh</i> |
| 4.3 STREET ADDRESS | <i>1301 Estes Ave</i> |
| 4.4 CITY-ST-ZIP | <i>Elk Grove Village, IL 60007</i> |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

REINSTATEMENT

14. I do 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.

SIGNATURE: *William Goldman* **WILLIAM GOLDMAN** DATE: **9/17/97** **847-192-5700**

CR2E034 (4/97)



ACCOUNT NO. : 072100000032
 REFERENCE : 554503 4320611
 AUTHORIZATION :
 COST LIMIT : \$ 750.00 *Patricia P. [Signature]*

ORDER DATE : October 6, 1997
 ORDER TIME : 9:58 AM
 ORDER NO. : 554503-005
 CUSTOMER NO: 4320611
 CUSTOMER: Carlen Sellers, Legal Asst
 Altheimer & Gray
 Suite 4000
 10 South Wacker Drive
 Chicago, IL 60606

ANNUAL REPORT FILING

NAME: ESTES GREEN, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: DANIEL LEGGETT

EXAMINER'S INITIALS: _____

97 OCT -7 AM 11:36
 DIVISION OF CORPORATION
 STAMPED