

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.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 OCT -7 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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		3. Date Incorporated or Qualified 12/24/1987		3a. Date of Last Report 04/19/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 36-1306970		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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							
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: *Karen B. Rozar* Karen B. Rozar, As Its Agent 10-7-97

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD	KARP, JACK		1.1 TITLE			
NAME		1301 ESTES AVENUE		1.2 NAME			
STREET ADDRESS		ELK GROVE VILLAGE IL		1.3 STREET ADDRESS			
CITY-ST-ZIP				1.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		GARDNER, GARY		2.2 NAME	600002314116--S		
STREET ADDRESS		1301 ESTES AVENUE		2.3 STREET ADDRESS			
CITY-ST-ZIP		ELK GROVE VILLAGE IL 60007		2.4 CITY-ST-ZIP			
TITLE	SO	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		KARP-HOCHBERG, SARA		3.2 NAME	D William Goldman		
STREET ADDRESS		1301 ESTES AVENUE		3.3 STREET ADDRESS	1301 Estes Ave		
CITY-ST-ZIP		ELK GROVE VILLAGE IL		3.4 CITY-ST-ZIP	Elk Grove Village, IL 60007		
TITLE	S	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		SAKATA, GARY		4.2 NAME	Karp, Josh		
STREET ADDRESS		1301 ESTES AVENUE		4.3 STREET ADDRESS	1301 Estes Ave		
CITY-ST-ZIP		ELK GROVE VILLAGE IL 60007		4.4 CITY-ST-ZIP	Elk Grove Village, IL 60007		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 9/17/97 847-192-5300

CR2E034 (4/97)



ACCOUNT NO. : 072100000032

REFERENCE : 554503 4320611

AUTHORIZATION :

COST LIMIT : \$ 750,000

ORDER DATE : October 6, 1997

ORDER TIME : 9:58 AM

ORDER NO. : 554503-005

CUSTOMER NO: 4320611

CUSTOMER: Carlen Sellers, Legal Asst
Alzheimer & 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