

FILE NOW: FILING FEE IS \$61.25

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May 04, 1999 8:00 am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P21492

1. Corporation Name

MF SERVICES CORP., AN ILLINOIS NOT-FOR-PROFIT CORPORATION

Principal Place of Business

Mailing Address

~~4400 PGA BLVD~~
~~STE 300~~
~~PALM BEACH GARDENS FL 33410~~
~~US~~

~~4400 PGA BLVD~~
~~STE 300~~
~~PALM BEACH GARDEN F 33410~~
~~US~~



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 4400 PGA BLVD

26 4400 PGA BLVD

10/26/1988

22 Suite, Apt. #, etc.
SUITE 1000

27 Suite, Apt. #, etc.
SUITE 1000

4. FEI Number
36-3613644

Applied For
Not Applicable

23 City & State
PALM BEACH GARDENS, FL

28 City & State
PALM BEACH GARDENS

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 33410 Country 25 USA

29 Zip 33410 Country 30 USA

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~COHEN, STEVEN~~
~~4400 PGA BLVD~~
~~STE 300~~
~~PALM BEACH GARDENS FL 33410~~

81 Name COHEN, STEVEN
 82 Street Address (P.O. Box Number is Not Acceptable)
625 N. FLAGLER DR.
 83 SUITE 700
 84 City WEST PALM BEACH FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 617.0592 and 617.1508, 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 617.0593, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/27/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------------------|--|
| TITLE | P | <input type="checkbox"/> DELETE |
| NAME | SIMMONS, ADELE | |
| STREET ADDRESS | 140 SOUTH DEARBORN | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | LANDRY, LAWRENCE L | |
| STREET ADDRESS | 140 SOUTH DEARBORN | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | GRACE, PHILIP M | |
| STREET ADDRESS | 140 SOUTH DEARBORN | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | VPD | <input checked="" type="checkbox"/> DELETE |
| NAME | DALE E. SMITH | |
| STREET ADDRESS | 4400 PGA BLVD STE 300 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | EWING, NANCY BEST | |
| STREET ADDRESS | 140 SOUTH DEARBORN | |
| CITY-ST-ZIP | CHICAGO IL | |
| TITLE | AS | <input checked="" type="checkbox"/> DELETE |
| NAME | COHEN, STEVEN | |
| STREET ADDRESS | 4400 PGA BLVD STE 300 | |
| CITY-ST-ZIP | PALM BEACH GARDENS FL | |

| | |
|--------------------|--|
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | VD |
| 2.3 STREET ADDRESS | HUTTON, LYN |
| 2.4 CITY-ST-ZIP | 140 SOUTH DEARBORN CHICAGO, IL 60603 |
| 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | TD |
| 3.3 STREET ADDRESS | YANCHURA, MARC |
| 3.4 CITY-ST-ZIP | 140 SOUTH DEARBORN CHICAGO, IL 60603 |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | VD |
| 4.3 STREET ADDRESS | MINTZ, JOSHUA J. |
| 4.4 CITY-ST-ZIP | 140 SOUTH DEARBORN CHICAGO, IL 60603 |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | AS |
| 6.3 STREET ADDRESS | COHEN, STEVEN |
| 6.4 CITY-ST-ZIP | 625 N. FLAGLER DR. SUITE 700 WEST PALM BEACH, FL 33401 |

14. I 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/99 (561) 656-8360

Date

Daytime Phone #

CR2E037 (1/98)