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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 21 AM 9:20

DOCUMENT # P22563 (1)

1. Corporation Name
ACTIVELIFE MANAGEMENT CORPORATION

Principal Place of Business	Mailing Address
35 EAST WACKER DRIVE SUITE 1300 CHICAGO IL 60601-2110	35 EAST WACKER DRIVE SUITE 1300 CHICAGO IL 60601-2110

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1989
3a. Date of Last Report: 03/14/1994

2. Principal Place of Business
21 222 N. LaSalle Street
Suite, Apt. #, etc.
22 Suite 1414
City & State
23 Chicago, Illinois
Zip 24 60601 Country 25 USA

2a. Mailing Address
26 222 N. LaSalle Street
Suite, Apt. #, etc.
27 Suite 1414
City & State
28 Chicago, Illinois
Zip 29 60601 Country 30 USA

4. FEI Number: 36-3433873 ☐ 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

8. 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, type or print name of registered agent and date of signature) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	DEWOSKIN, WILLIAM	12 NAME	
STREET ADDRESS	1000 LAKE SHORE PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	14 CITY-ST-ZIP	
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	BASKIN, SHELDON L.	22 NAME	
STREET ADDRESS	416 W. WEBSTER	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	
TITLE	VTD	31 TITLE	☐ Change ☐ Addition
NAME	KRAMER, MANUEL S.	32 NAME	
STREET ADDRESS	2121 CHURCHILL CT.	33 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	HYATT, HENRY	42 NAME	
STREET ADDRESS	100 W. CHESTNUT	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP	
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	EPSTEIN, DANIEL N.	52 NAME	
STREET ADDRESS	2130 LINCOLN PARK WEST	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP	
TITLE	P	61 TITLE	☐ Change ☐ Addition
NAME	WISE, LARRY	62 NAME	
STREET ADDRESS	115 SEQUOIA	63 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD IL	64 CITY-ST-ZIP	

14. I 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 attached sheet, with an address.

SIGNATURE: Larry Wise Jan. 23, 1995 (312) 726-0083
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED ABOVE — DATE — Daytime Phone Number

0467074 FP