

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Tallahassee, Florida
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 1:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P22625

(8)

1. Corporation Name

OLYMPUS PROPERTIES, INC.

Principal Place of Business

10900 WEST BELMONT AVENUE
FRANKLIN PARK IL 60131

Mailing Address

10900 WEST BELMONT AVENUE
FRANKLIN PARK IL 60131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/18/1989

3a. Date of Last Report

05/01/1994

4. FCI Number

52-1584865

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,

Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. # etc.

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. # etc.

City & State

28

Zip

29

Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
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 law, the undersigned, a duly qualified resident of the State of Florida, has been named corporate secretary and has signed this statement for the purpose of changing its registered office to the address above set forth. The undersigned is a resident of the State of Florida and is a resident of the State of Florida and is a resident of the State of Florida.

SIGNATURE

12. OFFICER'S AND DIRECTOR'S

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

13. ADDITIONAL NAMES TO OFFICERS AND DIRECTORS

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

NAME

ADDRESS

CITY

STATE

ZIP

14. I, the undersigned, certify that the information supplied with this filing is complete, true and correct, and that the corporation is in good standing and is not delinquent in its filing obligations. I further certify that the information supplied with this filing is complete, true and correct, and that the corporation is in good standing and is not delinquent in its filing obligations. I further certify that the information supplied with this filing is complete, true and correct, and that the corporation is in good standing and is not delinquent in its filing obligations.

SIGNATURE:

Marc L. Werner, V.P., Treas & CFO 3-31-95

(412) 588-4490

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR