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.)

appears in Block 12 or Block 13 if ch

SIGNATURE:

APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham 97 JUL 30 PH 12: 04 ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS .1997 SECRETARY OF STATE ALLAHASSEE. FLORIDA DOCUMENT # **P2347**6 (5) A.J. GERRARD & COMPANY Principal Place of Business Mailing Address 400 EAST TOUPHY AVENUE 400 EAST TOUPHY AVENUE DES PLAINES IL 60018 DES PLAINES IL 60018 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1989 05/01/1996 2a. Mailing Address 2. Principal Place of Business FEI Number Applied For Yoo E Tonhy Av Sulte, Apt. #, etc. ϵ Touky 36-2070817 400 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation owes or has paid the current fear Intangible Personal Property Tax due June 30. Zip Country Country Zip □ No Pu Personal Property Tax due June 30. 29 30 24 25 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name R1 STANDRIDGE, GREG 7037 COMMONWEALTH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable 000002257690---08/05/97--01024--020 JACKSONVILLE FL 32220 83 ***165.00 84 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change TITLE The as user Wolf, Jordan C NAME TAKO, ANTHONY 1.2 NAME **400 EAST TOUHY AVENUE** 400 E. Touhy Av. STREET ADDRESS 1.3 STREET ADDRESS Des Plaines, IL 60018 **DES PLAINES IL** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE STV 2.1 TITLE Director Change TITLE ROCUSH, PETER mc Plee, Brace 5999 New Wilke Rd. / Snite 504 NAME 2.2 NAME STREET ADDRESS **400 EAST TOUHY AVENUE** 2.3 STREET ADDRESS 60008 Change Rolling Meadows, IL **DES PLAINES IL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE TITLE 3.1 TITLE GERRARD, JOHN M. NAME 3.2 NAME 499 Plaza Dr Suite NI 615 PENIEL RD STREET ADDRESS 3.3 STREET ADDRE umburg, IL 60173-4911 COLUMBUS NO 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 4.1 TITLE Ehlert, C James Jr. 546 Clayton Ct. GERHARDSTEIN, E. MICHAEL NAME 4. 2 NAME STREET ADDRESS 1221 WEST BAUER 4.3 STREET ADDRESS NAPERVILLE IL Wood Dale, IL 60191 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition TITLE 5.1 TITLE Directur Acheson, Marcus
231 5 LaSalle St. NAME RIECK, THOMAS W. 5.2 NAME **55 WEST MONROE STREET** STREET ADDRESS 5.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP 5.4 CITY-ST-ZIP Change Addition TITLE 6.1 TITLE urano, Renato 6 CLINGAN, ROBERT S. NAME R 2 NAME 501 w. Roosevelt Rd. 1001 ROHLWING ROAD 6.3 STREET ADDRESS STREET ADDRESS **ROLLING MEADOWS IL** CITY-ST-ZIP 14. To 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 eath; 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

647)299/8000