

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90124 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P23476

1. Corporation Name
A.J. GERRARD & COMPANY

Principal Place of Business 400 EAST TOUHY AVENUE DES PLAINES IL 60018	Mailing Address 400 EAST TOUHY AVENUE DES PLAINES IL 60018
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. -- 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 03/20/1989	Applied For Not Applicable
4. FEI Number 36-2070817	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**STANDRIDGE, GREG
 7037 COMMONWEALTH AVENUE
 JACKSONVILLE FL 32220**

10. Name and Address of New Registered Agent

81 Name **BOB ZUPONECK**
 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 *[Signature]* DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAKO, ANTHONY	1.2 NAME	
STREET ADDRESS	400 EAST TOUHY AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL 60018	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLF, JORDAN C	2.2 NAME	
STREET ADDRESS	400 EAST TOUHY AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL 60018	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCPHEE, BRUCE	3.2 NAME	
STREET ADDRESS	400 EAST TOUHY AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL 60018	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AUGUSTINE, RICHARD J	4.2 NAME	
STREET ADDRESS	400 EAST TOUHY AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL 60018	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EHLERT, C. JAMES JR	5.2 NAME	
STREET ADDRESS	400 EAST TOUHY AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL 60018	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACHESON, MARCUS	6.2 NAME	
STREET ADDRESS	400 EAST TOUHY AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	DES PLAINES IL 60018	6.4 CITY-ST-ZIP	

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 607, 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]* **Jordan S. Wolf** Date: **2/18/99** Daytime Phone #: **847-299-8000**

CR2E034 (1/198)