FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 11:36

DOCUMENT # P24341 (0)

1. Corporation Name
ARCVENTURES, INC.

Principal Place of Business	Mailing Address
820 WEST JACKSON BLVD CHICAGO IL 60607	820 WEST JACKSON BLVD CHICAGO IL 60607

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/16/1989	3a. Date of Last Report: 07/06/1994
4. FEI Number: 36-2549064	☐ 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	

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

9. Name and Address of Current Registered Agent

JULIEN, CHERI
400 SE SECOND AVE
FOURTH FLOOR
MIAMI FL 33131

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, 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	C	1.1 TITLE	☐ Change ☐ Addition
NAME	ODER, DONALD R.	1.2 NAME	
STREET ADDRESS	1523 W. HARRISTON ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP	
TITLE	PCEO	2.1 TITLE	☐ Change ☐ Addition
NAME	SINIORIS, MARIE E.	2.2 NAME	
STREET ADDRESS	1140 KEYSTONE AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVER FOREST IL	2.4 CITY-ST-ZIP	
TITLE	VPT	3.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, R. ANTHONY	3.2 NAME	
STREET ADDRESS	1505 COVENTRY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MUNSTER IN	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	MACAULAY, SUSAN J.	4.2 NAME	
STREET ADDRESS	1030 N. STATE ST. #16-C	4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	☐ Change ☐ Addition
NAME	NECAS, KEVIN	5.2 NAME	
STREET ADDRESS	439 W. GREENFIELD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OAK PARK IL	5.4 CITY-ST-ZIP	
TITLE	VP	6.1 TITLE	Sr. VP ☒ Change ☐ Addition
NAME	~~MORLEY, COLIN~~	6.2 NAME	Edward Fischer
STREET ADDRESS	~~8717 IDLEWILD DR.~~	6.3 STREET ADDRESS	937 Rosewood Lane
CITY-ST-ZIP	~~HIGHLAND IN~~	6.4 CITY-ST-ZIP	Naperville, IL 60543

14. I do 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 attachment with an address.

SIGNATURE: R. Anthony Davis 2/8/95 312-258-5100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0400219 FP