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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

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 60607-3026

3. Date Incorporated or Qualified: 05/16/1989	3a. Date of Last Report: 04/10/1996
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	

21 / 22 / 23 / 24 / 25 — 2. Principal Place of Business: Street Address, Apt. #, etc.; City & State; Zip; Country

26 / 27 / 28 / 29 / 30 — 2a. Mailing Address: Street Address, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

JULIEN, CHERI
100 SE SECOND ST SUITE 2000
FOURTH FLOOR
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: Theodoropulous, Tina
82 Street Address (P.O. Box Number is Not Acceptable): 100 SE Second St., Suite 2000
83
84 City: Miami **FL** 85 Zip Code: 33131

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: X _____ (NOTE: Registered Agent signature required when reinstating) DATE: X 3/7/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	☒ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME: BIRT, ELIZABETH A		1.2 NAME	
STREET ADDRESS: 738 WEST MELROSE		1.3 STREET ADDRESS	
CITY-ST-ZIP: CHICAGO IL		1.4 CITY-ST-ZIP	
TITLE: PCEO	☐ DELETE	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	☐ DELETE	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: SVP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME: FISCHER, EDWARD		4.2 NAME	
STREET ADDRESS: 937 ROSEWOOD LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP: NAPERVILLE IL		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: X R. Anthony Davis — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: R. Anthony Davis — Date: 02/06/97 — Daytime Phone #: 312-258-5100