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Feb 02 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P24341 (0)  
1. Corporation Name  
ARCVENTURES, INC.



Principal Place of Business 820 WEST JACKSON BLVD CHICAGO IL 60607	Mailing Address 820 WEST JACKSON BLVD CHICAGO IL 60607
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/16/1989	
21		26		4. FEI Number 36-2549064	
Suite, Apt. #, etc. 22 Suite 800		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 60607-3026	Country 25 Cook (IL)	Zip 29 60607-3026	Country 30 Cook (IL)	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No N/A	

9. Name and Address of Current Registered Agent

THEODORPULOUS, TINA  
100 SE SECOND ST SUITE 2000  
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
85 Zip Code

FL

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	60305
TITLE	VPT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	46321
TITLE	SVP	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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	60543
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	AT
STREET ADDRESS		5.3 STREET ADDRESS	Peter C. Winiarski
CITY-ST-ZIP		5.4 CITY-ST-ZIP	6294 Lakewood
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	V
STREET ADDRESS		6.3 STREET ADDRESS	John Robertson
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PO BOX 448
			Lisle, IL 60532
			Illinois, IL 62539

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:

R. Anthony Davis

R. Anthony Davis

01-22-98

312-258-5314

CR2E034 (10/97)

**ArcVentures, Inc.**  
**Addendum to 1998 Florida Annual Report**

Page 1, Line 13, Additions/Changes to Officers and Directors in 12 (Continued):

7.1	Title	V	<input checked="" type="checkbox"/> Addition
7.2	Name	Maria M. Wrobel	
7.3	Street Address	1628 Riparian Drive	
7.4	City - ST - ZIP	Naperville, IL 60565	
8.1	Title	V	<input checked="" type="checkbox"/> Addition
8.2	Name	Stephen P. Riehs	
8.3	Street Address	804 Laramie	
8.4	City - ST - ZIP	Wilmette, IL 60091	
9.1	Title	D	<input checked="" type="checkbox"/> Addition
9.2	Name	William G. Brown	
9.3	Street Address	c/o Bell, Boyd and Lloyd	
9.4	City - ST - ZIP	Three First National Plaza, Suite 3200 Chicago, IL 60602	
10.1	Title	D	<input checked="" type="checkbox"/> Addition
10.2	Name	James Deyoung	
10.3	Street Address	c/o Winston Partners, Inc.	
10.4	City - ST - ZIP	One N. Franklin, Suite 350 Chicago, IL 60606	
11.1	Title	D	<input checked="" type="checkbox"/> Addition
11.2	Name	Leo M. Henikoff	
11.3	Street Address	c/o Rush-Presbyterian-St. Luke's Medical Center	
11.4	City - ST - ZIP	1725 W. Harrison St. Chicago, IL 60612	
12.1	Title	D	<input checked="" type="checkbox"/> Addition
12.2	Name	Peter Mcnerney	
12.3	Street Address	Coral Group, Inc.	
12.4	City - ST - ZIP	1725 W. Harrison St. Chicago, IL 60612	
13.1	Title	D	<input checked="" type="checkbox"/> Addition
13.2	Name	Donald Oder	
13.3	Street Address	c/o Rush-Presbyterian-St. Luke's Medical Center	
13.4	City - ST - ZIP	1725 W. Harrison St. Chicago, IL 60612	

14.1 Title  
14.2 Name  
14.3 Street Address  
14.4 City – ST – ZIP

D ☒ Addition  
Catherine A. Jacobson  
c/o Rush-Presbyterian-St. Luke's Medical  
Center  
1725 W. Harrison St.  
Chicago, IL 60612