FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P26610** **(6)**

1. Corporation Name

ROYAL APARTMENTS U.S.A., INC.

Principal Place of Business: 509 W UNIVERSITY AVENUE, CHAMPAIGN IL 61820

Mailing Address: 509 W UNIVERSITY AVENUE, CHAMPAIGN IL 61820

3. Date Incorporated or Qualified: 10/25/1989
3a. Date of Last Report: 03/09/1995

2. Principal Place of Business
21 ___
Suite, Apt. #, etc.
22 ___
City & State
23 ___
Zip 24 ___ Country 25 ___

2a. Mailing Address
26 ___
Suite, Apt. #, etc.
27 ___
City & State
28 ___
Zip 29 ___ Country 30 ___

4. FEI Number: 37-1249003 ☐ 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

9. Name and Address of Current Registered Agent

BOYD, JOSEPH R.
2441 MONTICELLO DRIVE
TALLAHASSEE FL 32303-4794

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 ______

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	HENNEMAN, MICHAEL J.		1.2 NAME	
STREET ADDRESS	1605 S. STATE STREET		1.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HARRINGTON, THOMAS E.,JR		2.2 NAME	
STREET ADDRESS	201 W. SPRINFIELD AV,4TH		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, RODRICK L.		3.2 NAME	
STREET ADDRESS	505 DEVONSHIRE DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN IL		3.4 CITY-ST-ZIP	
TITLE	STD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	WORNER, ERIC S.		4.2 NAME	
STREET ADDRESS	4015 RIVERKNOLL		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHAMPAIGN 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	

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)(k), 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: Eric S Worner — ERIC S Worner — 2/8/96 — 217-356-8888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)