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Feb 26, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P26610

1. Corporation Name

ROYAL APARTMENTS U.S.A., INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1605 S STAKE ST SUITE 112
CHAMPAIGN IL 61820
US

Mailing Address

1605 S STAKE ST
SUITE 112
CHAMPAIGN IL 61820
US

3. Date Incorporated or Qualified

10/25/1989

2. Principal Place of Business

2a. Mailing Address

21 1605 S. State St

26 1605 S. State St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 112

27 112

City & State

City & State

23 Champaign IL

28 Champaign IL

Zip

Zip

24 61820

29 61820

Country

Country

25 USA

30 USA

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

Elwin Thrasher III

82 Street Address (P.O. Box Number is Not Acceptable)

908 North Gadsden St.

83

84 City

Tallahassee

FL

85 Zip Code

32303

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 reinstating)

DATE

1/26/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD
NAME HENNEMAN, MICHAEL J.
STREET ADDRESS 1605 S. STATE STREET
CITY-ST-ZIP CHAMPAIGN IL

☐ DELETE

TITLE PD
NAME SCHMIDT, RODRICK L.
STREET ADDRESS 505 DEVONSHIRE DRIVE
CITY-ST-ZIP CHAMPAIGN IL

☐ DELETE

TITLE STD
NAME WORNER, ERIC S.
STREET ADDRESS 4015 RIVERKNOLL
CITY-ST-ZIP CHAMPAIGN IL

☐ DELETE

TITLE D
NAME KEELING, DAVID
STREET ADDRESS 2220 BRIAR HILL DR
CITY-ST-ZIP CHAMPAIGN IL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Eric S. Worner

Date

Daytime Phone #

217-356-8888

CR2E034 (11/98)