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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P28200** (4)

1. Corporation Name
M & J WILKOW, LTD., INC.

DO NOT WRITE IN THIS SPACE.

| | |
|--|--|
| Principal Place of Business | Mailing Address |
| 180 NORTH MICHIGAN AVENUE, SUITE 2000 SUITE 200 CHICAGO IL 60601 US | 180 NORTH MICHIGAN AVENUE, SUITE 2000 SUITE 200 CHICAGO IL 60601 US |

| | |
|--|--|
| 3. Date Incorporated or Qualified 02/20/1990 | 3a. Date of Last Report 05/10/1994 |
| 4. FEI Number 36-3683868 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|----------------------------------|----------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 180 N. Michigan Avenue | 26 180 N. Michigan Avenue |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. |
| 23 City & State | 28 City & State |
| 24 Zip | 25 Country |
| 29 Zip | 30 Country |

| | |
|---|---|
| 8. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
| CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 | 81 Name |
| | 82 Street Address (P.O. Box Number is Not Acceptable) |
| | 83 |
| | 84 City |
| | 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 _____ (NOTE: Registered Agent signatures required when constituting) _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------|---|--|
| TITLE | PD | 1.1 TITLE | V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKOW, MARC R. | 1.2 NAME | Cynthia A. Mummery |
| STREET ADDRESS | 41 OAKMONT | 1.3 STREET ADDRESS | 180 N. Michigan Avenue, #200 |
| CITY - ST - ZIP | HIGHLAND PARK IL | 1.4 CITY - ST - ZIP | Chicago, IL 60601 |
| TITLE | VD | 2.1 TITLE | V/T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILKOW, CLIFTON J. | 2.2 NAME | Thomas Harrigan |
| STREET ADDRESS | 20 E. CEDAR, #18C | 2.3 STREET ADDRESS | 180 N. Michigan Avenue, #200 |
| CITY - ST - ZIP | CHICAGO IL | 2.4 CITY - ST - ZIP | Chicago, IL 60601 |
| TITLE | SD | 3.1 TITLE | AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LANGSNER, DAVID | 3.2 NAME | Susan B. Ralston |
| STREET ADDRESS | 8720 N. FRANCISCO | 3.3 STREET ADDRESS | 180 N. Michigan Avenue, #200 |
| CITY - ST - ZIP | CHICAGO IL | 3.4 CITY - ST - ZIP | Chicago, IL 60601 |
| TITLE | T | 4.1 TITLE | V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HARVEY, DAVID | 4.2 NAME | David W. Harvey |
| STREET ADDRESS | 180 N MICHIGAN AVE. 2000 | 4.3 STREET ADDRESS | 180 N. Michigan Avenue, #200 |
| CITY - ST - ZIP | CHICAGO IL | 4.4 CITY - ST - ZIP | Chicago, IL 60601 |
| TITLE | AS | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MUMMERY, CYNTHIA | 5.2 NAME | |
| STREET ADDRESS | 180 N. MICHIGAN AVE. | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | CHICAGO IL | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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 appointed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, in the annual report with an address.

SIGNATURE: **Marc R. Wilkow** APR 20 1995