

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 # P28200 (4)

1. Corporation Name

M & J WILKOW, LTD., INC.



Principal Place of Business

180 N MICHIGAN AVENUE
SUITE 200
CHICAGO IL 60601
US

Mailing Address

180 N MICHIGAN AVENUE
SUITE 200
CHICAGO IL 60601
US

3. Date Incorporated or Qualified
02/20/1990

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

9. Name and Address of Current Registered Agent

4. FEI Number

36-3683868

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

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

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

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VS
NAME MUMMERY, CYNTHIA A
STREET ADDRESS 180 N MICHIGAN AVENUE, #200
CITY-ST-ZIP CHICAGO IL

1.1 TITLE P
1.2 NAME Marc R. Wilkow
1.3 STREET ADDRESS 180 N. Michigan Ave., #200
1.4 CITY-ST-ZIP Chicago, IL 60601

TITLE VT
NAME HARRIGAN, THOMAS
STREET ADDRESS 180 N MICHIGAN AVENUE, #200
CITY-ST-ZIP CHICAGO IL

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

TITLE AS
NAME RALSTON, SUSAN B
STREET ADDRESS 180 N MICHIGAN AVENUE, #200
CITY-ST-ZIP CHICAGO IL

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

TITLE V
NAME HARVEY, DAVID W
STREET ADDRESS 180 N MICHIGAN AVENUE, #200
CITY-ST-ZIP CHICAGO IL

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

TITLE AS
NAME MUMMERY, CYNTHIA
STREET ADDRESS 180 N. MICHIGAN AVE.
CITY-ST-ZIP CHICAGO IL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Cynthia Mummery 4/18/96

Date

Daytime Phone #

CR2E034 (12/95)