FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # **P28339** **(0)**

1. Corporation Name
AMERACE CORPORATION

Principal Place of Business
TWO NORTH RIVERSIDE PLAZA
SUITE 1100
CHICAGO IL 60606

Mailing Address
TWO NORTH RIVERSIDE PLAZA
SUITE 1100
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1990
3a. Date of Last Report: 05/01/1994
4. FEI Number: 13-3240682 — 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. Does corporation have any foreign income tax under S. 1900.52, Florida Statutes: [ ] Yes [ ] No

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

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

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Section 607.0505(2), 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	~~HALL, WILLIAM~~
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY, ST, ZIP	CHICAGO IL
TITLE	~~VAS~~
NAME	~~ROSENBERG, SHELI~~
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY, ST, ZIP	CHICAGO IL
TITLE	T
NAME	NAVITSKY, ANTHONY
STREET ADDRESS	2 NORTH RIVERSIDE PLAZA
CITY, ST, ZIP	CHICAGO IL
TITLE	~~AS~~
NAME	~~BRUNO, FRANK~~
STREET ADDRESS	~~2 N. RIVERSIDE PLAZA~~
CITY, ST, ZIP	~~CHICAGO IL~~
TITLE	V
NAME	HOLLOWAY, EUGENE
STREET ADDRESS	ROUTE 24
CITY, ST, ZIP	HACKETTSTOWN NJ
TITLE	VAS
NAME	ATHAS, GUS
STREET ADDRESS	2 N. RIVERSIDE PLAZA
CITY, ST, ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 — [X] Change [ ] Addition

TITLE	P
NAME	ROBERT ELLIOTT
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	AS
NAME	KARI YUNKER
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	NONE
NAME	NONE
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

14. I do hereby certify that the information supplied on this document by me, if applicable, to update the corporate records of this corporation with respect to officers and directors, is true and accurate. I further certify that the corporate officer fee has been made under penalty of perjury. I further certify that I am an officer or director of the corporation or trustee of the trust or legal entity named as a director or officer in Block 12 or Block 13 or an attorney or agent duly authorized by the corporation to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 or I am an attorney or agent duly authorized by the corporation.

SIGNATURE: Gus J. Athas 4-11-96 (312) 906-8700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE PRESIDENT

0385489 CP