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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 JUL 31 PM 12:31

DOCUMENT # P29686 (3)

1. Corporation Name
AIT KEY WEST, INC.

Principal Place of Business
% H.L. ROSENBERG
190 S. LASALLE ST
CHICAGO IL 60603

Mailing Address
% H.L. ROSENBERG
190 S. LASALLE ST
CHICAGO IL 60603

3. Date Incorporated or Qualified: 06/08/1990
3a. Date of Last Report: 02/14/1995

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: 36-3712553 ☐ 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 100001910321
83 -08/02/96--01001--001
*****61.25 *****61.25
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

TITLE	DP	☐ DELETE
NAME	SANDERS, J GRAYSON	
STREET ADDRESS	225 W. RANDOLPH HQ13A	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	SD	☐ DELETE
NAME	JAMES-MOORE, BEATRICE	
STREET ADDRESS	225 W RANDOLPH HQ13A	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE	T	☐ DELETE
NAME	EGIZI, RALPH	
STREET ADDRESS	225 W RANDOLPH STR, HQ13A	
CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	☐ Change ☐ Addition
1.2 NAME	John T. Roberts	
1.3 STREET ADDRESS	225 West Randolph Street, HQ 13A	
1.4 CITY-ST-ZIP	Chicago, IL 60606	
2.1 TITLE	S	☐ Change ☐ Addition
2.2 NAME	Lynne E. McNown	
2.3 STREET ADDRESS	225 West Randolph Street, HQ 13A	
2.4 CITY-ST-ZIP	Chicago, IL 60606	
3.1 TITLE	DT	☐ Change ☐ Addition
3.2 NAME	Jane A. Western	
3.3 STREET ADDRESS	225 West Randolph Street, HQ 13A	
3.4 CITY-ST-ZIP	Chicago, IL 60606	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME	7/31/96	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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: Lynne E. McNown July 24, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Lynne E. McNown, Secretary