

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 05 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P32653 (8) 1. Corporation Name LAKE FOREST APARTMENTS, INC.			
Principal Place of Business CNA PLAZA CHICAGO IL 60685		Mailing Address CNA PLAZA ATTN: CORPORATE TAX-24S CHICAGO IL 60685 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
3. Date Incorporated or Qualified 01/30/1991		4. FEI Number 36-3749805	
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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PCD	<input type="checkbox"/> DELETE	
NAME	LOWRY, DONALD M.		
STREET ADDRESS	CNA PLAZA		
CITY-ST-ZIP	CHICAGO IL		
TITLE	VD	<input type="checkbox"/> DELETE	
NAME	MANN, ROBERT M.		
STREET ADDRESS	CNA PLAZA		
CITY-ST-ZIP	CHICAGO IL		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	RIBIKAWSKIS, MARY A		
STREET ADDRESS	CNA PLAZA		
CITY-ST-ZIP	CHICAGO IL		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	RYCROFT, DONALD C.		
STREET ADDRESS	CNA PLAZA		
CITY-ST-ZIP	CHICAGO IL		
TITLE	AS	<input type="checkbox"/> DELETE	
NAME	WINKENBACH, ROBERT		
STREET ADDRESS	CNA PLAZA		
CITY-ST-ZIP	CHICAGO IL		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	ASSISTANT SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
6.2 NAME	Robert J. Grob		
6.3 STREET ADDRESS	CNA Plaza - 24S		
6.4 CITY-ST-ZIP	Chicago, IL 60685		
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.			
SIGNATURE: Robert J. Grob ASSISTANT SECRETARY 1-23-98 312-822-5194			

CR2E034 (10/97)