

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

FILED
Jun 26 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 # P 33355
 1. Corporation Name
 Mc Clier Corporation

Principal Place of Business: 401 E. Illinois St. Chicago, IL 60611
 Mailing Address: 401 E. Illinois St. Chicago, IL 60611

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 3/26/1991

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: 36-3557274 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	1.1 TITLE	CFO
NAME	McCullagh, Grant G.	1.2 NAME	Levine, Darryl J.
STREET ADDRESS	401 E. Illinois St.	1.3 STREET ADDRESS	401 E. Illinois St.
CITY-ST-ZIP	Chicago, IL 60611	1.4 CITY-ST-ZIP	Chicago, IL 60611
TITLE	V/S/T	2.1 TITLE	
NAME	Cavalier, Frank N.	2.2 NAME	
STREET ADDRESS	401 E. Illinois St.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60611	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	R. Keefe Griffith	3.2 NAME	
STREET ADDRESS	3250 Wilshire Blvd	3.3 STREET ADDRESS	
CITY-ST-ZIP	Los Angeles, CA 90010	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	
NAME	Upp, Janeanna	4.2 NAME	
STREET ADDRESS	401 E. Illinois St.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Chicago, IL 60611	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

600002574416
 -06/29/98 -01027-041
 ***\$550.00

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: Darryl J. Levine DARRYL J LEVINE 6-24-98 312-836-4356

CR2E034 (10/97)