

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90258 032 ***150.00

0628792

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P33355
 1. Corporation Name
MCCLIER CORPORATION



Principal Place of Business 401 EAST ILLINOIS ST. CHICAGO IL 60611	Mailing Address 401 EAST ILLINOIS ST. CHICAGO IL 60611
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1991	
21		26		4. FEI Number 36-3557274	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
24	25	29	30		

9. Name and Address of Current Registered Agent				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

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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MCCULLAGH, GRANT G.			1.2 NAME			
STREET ADDRESS	401 EAST ILLINOIS ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611			1.4 CITY-ST-ZIP			
TITLE	VST	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CAVALIER, FRANK N.			2.2 NAME			
STREET ADDRESS	401 EAST ILLINOIS ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611			2.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFITH, R K			3.2 NAME			
STREET ADDRESS	401 EAST ILLINOIS ST.			3.3 STREET ADDRESS	3250 WILSHIRE BLVD		
CITY-ST-ZIP	CHICAGO IL 60611			3.4 CITY-ST-ZIP	LOS ANGELES, CA 90010		
TITLE	CFO	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEVINE, DARRYL J			4.2 NAME			
STREET ADDRESS	401 EAST ILLINOIS ST.			4.3 STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60611			4.4 CITY-ST-ZIP			
TITLE	P	<input type="checkbox"/> DELETE		5.1 TITLE	P	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ROSSITER, THOMAS J			5.2 NAME	ROSSITER, THOMAS J		
STREET ADDRESS	401 EAST ILLINOIS ST			5.3 STREET ADDRESS	401 EAST ILLINOIS ST		
CITY-ST-ZIP	CHICAGO IL 60611			5.4 CITY-ST-ZIP	CHICAGO, IL 60611		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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, with all other like empowered.

SIGNATURE: Thomas J. Cavalier **THOMAS J. CAVALIER** 4/29/99 312-836-7700
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)