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

APPROVED AND FILED

95 APR 24 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P34748** **(4)**

1. Corporation Name

COM REALTY OF ILLINOIS, INC.

Principal Place of Business	Mailing Address
2700 SANDERS RD PROSPECT HEIGHTS IL 60070 US	ATTN WAGNE 2700 SANDERS RD. PROSPECT HEIGHTS IL 60070 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/19/1991**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **36-3497260**	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 TAX-2 South
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DV~~	11 TITLE	☐ Change ☐ Addition
NAME	~~GLICK, P. J.~~	12 NAME	
STREET ADDRESS	~~2700 SANDERS ROAD~~	13 STREET ADDRESS	
CITY-ST-ZIP	~~PROSPECT HEIGHTS IL~~	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FICK, G. O.	22 NAME	
STREET ADDRESS	2700 SANDERS ROAD	23 STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	24 CITY-ST-ZIP	
TITLE	PD	31 TITLE	☐ Change ☐ Addition
NAME	JONES, J. E	32 NAME	
STREET ADDRESS	2700 SANDERS RD	33 STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	AS ☒ Change ☐ Addition
NAME	OELER, C. J	42 NAME	J.M. Angelo
STREET ADDRESS	2700 SANDERS ROAD	43 STREET ADDRESS	2700 Sanders Rd.
CITY-ST-ZIP	PROSPECT HEIGHTS IL	44 CITY-ST-ZIP	Prospect Heights, IL 60070
TITLE	S	51 TITLE	☐ Change ☐ Addition
NAME	MORRIS, L. J.	52 NAME	
STREET ADDRESS	2700 SANDERS ROAD	53 STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	DELUCA, M. A.	62 NAME	
STREET ADDRESS	2700 SANDERS ROAD	63 STREET ADDRESS	
CITY-ST-ZIP	PROSPECT HEIGHTS IL	64 CITY-ST-ZIP	

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)(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: Joseph M. Angelo J.M. Angelo 4/14/95 708/564-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0488887 FP