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May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1996 1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35324 (3)

1. Corporation Name

A/J ACQUISITIONS COMPANY

Principal Place of Business	Mailing Address
900 NORTH MICHIGAN AVENUE CHICAGO IL 60611	900 NORTH MICHIGAN AVENUE CHICAGO IL 60611

3. Date Incorporated or Qualified: 09/03/1991

3a. Date of Last Report: 07/21/1995

2. Principal Place of Business — 21

2a. Mailing Address — 26

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

City & State — 23

City & State — 28

Zip — 24 Country — 25

Zip — 29 Country — 30

4. FEI Number: 36-3691300 ☐ 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)

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 TO OFFICERS AND DIRECTORS
TITLE	P	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	BLUHM, NEIL G.		1.2 NAME
STREET ADDRESS	900 N. MICHIGAN AVE.		1.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	NICKELE, GARY		2.2 NAME
STREET ADDRESS	900 N. MICHIGAN AVE.		2.3 STREET ADDRESS
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP
TITLE	S	☒ DELETE	3.1 TITLE Paul C. Nielsen ☐ Change ☒ Addition
NAME	YATES, KEVIN B.		3.2 NAME 900 N. Michigan Ave.
STREET ADDRESS	900 N. MICHIGAN AVE.		3.3 STREET ADDRESS Chicago IL 60611
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP Secretary
TITLE	T	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	KOGEN, HOWARD		4.2 NAME 900002517379
STREET ADDRESS	900 N. MICHIGAN AVE.		4.3 STREET ADDRESS -05/08/98--01080--023
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-ST-ZIP ***150.00
TITLE	CD	☐ DELETE	5.1 TITLE C ☒ Change ☐ Addition
NAME	MAKLIN, JUDD D.		5.2 NAME Malkin, Judd D.
STREET ADDRESS	900 N. MICHIGAN AVE.		5.3 STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP	CHICAGO IL		5.4 CITY-ST-ZIP Chicago, IL 60611
TITLE		☐ DELETE	6.1 TITLE Asst. Sec. ☐ Change ☒ Addition
NAME			6.2 NAME Kim Schwaetz
STREET ADDRESS			6.3 STREET ADDRESS 900 N. Michigan Ave.
CITY-ST-ZIP			6.4 CITY-ST-ZIP Chicago IL 60611

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 addition.

Kim Schwaetz