

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
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DOCUMENT # **P35351** (6)
1. Corporation Name
MID-AMERICA MANAGEMENT CORP. (OF INDIANA)



Principal Place of Business 2901 BUTTERFIELD ROAD OAK BROOK IL 60521 60523	Mailing Address 2901 BUTTERFIELD ROAD OAK BROOK IL 60521 60523
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip Country 28		3. Date Incorporated or Qualified 08/30/1991	
4. FEI Number 36-3254795		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		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		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees	

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	
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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	1/D	<input type="checkbox"/> DELETE	1.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KREMIN, ALAN F		1.2 NAME	KREMIN, ALAN F			
STREET ADDRESS	2901 BUTTERFIELD ROAD		1.3 STREET ADDRESS	2901 BUTTERFIELD ROAD			
CITY-ST-ZIP	OAK BROOK IL 60523		1.4 CITY-ST-ZIP	OAK BROOK, IL 60523			
TITLE	C	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TREONIS, NORBERT		2.2 NAME	(See attached list for additional officers and directors)			
STREET ADDRESS	2901 BUTTERFIELD RD		2.3 STREET ADDRESS				
CITY-ST-ZIP	OAK BROOK IL 60523		2.4 CITY-ST-ZIP				
TITLE	SVP	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JAROG, WARREN W.		3.2 NAME				
STREET ADDRESS	2901 BUTTERFIELD ROAD		3.3 STREET ADDRESS				
CITY-ST-ZIP	OAK BROOK IL 60521 60523		3.4 CITY-ST-ZIP				
TITLE	P/D	<input type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCGUINNESS, THOMAS P.		4.2 NAME				
STREET ADDRESS	2901 BUTTERFIELD ROAD		4.3 STREET ADDRESS				
CITY-ST-ZIP	OAK BROOK IL 60521 60523		4.4 CITY-ST-ZIP				
TITLE	SVP	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MANGIAMELI, SHAREN		5.2 NAME				
STREET ADDRESS	2901 BUTTERFIELD RD		5.3 STREET ADDRESS				
CITY-ST-ZIP	OAK BROOK IL 60523		5.4 CITY-ST-ZIP				
TITLE	SVP	<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NORTON, ANGELA		6.2 NAME				
STREET ADDRESS	2901 BUTTERFIELD RD		6.3 STREET ADDRESS				
CITY-ST-ZIP	OAK BROOK IL 60523		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.

SIGNATURE: *Robert M. Barg* Robert M. Barg, V.P./Treasurer

1/26/98

630/218-8000

CR2E034 (10/97)

**OFFICERS AND DIRECTORS OF
MID-AMERICA MANAGEMENT CORP.**

Norbert Trconis	Chairman
Thomas P. McGuinness	Director
Alan F. Kremin	Director

Thomas P. McGuinness	President
Sharen Mangiameli	Sr. Vice President
Angela Norton	Sr. Vice President
Warren W. Jarog	Vice Pres./Secretary
Judith Oswald	Vice President
Michael Semprini	Vice President
Darren Jordan	Asst. Vice President
Chris Strotjohann	Asst. Vice President
Melanie Stidham	Asst. Vice President
Linda Centanni	Asst. Vice President
Robert M. Barg	VP/Treasurer

All of the above directors and officers were in office as of July 1, 1997

The address for all of the above directors and officers is:
2901 Butterfield Road
Oak Brook, Illinois 60523