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 26 PM 3:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36888** **(6)**

1. Corporation Name
NORMANDY NORWOOD PARTNERS, INC.

Principal Place of Business	Mailing Address
4949 GOLF RD., SKOKIE IL 60077	4949 GOLF RD., SKOKIE IL 60077

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/18/1991**
3a. Date of Last Report: **04/29/1994**

21	2. Principal Place of Business: 2355 Waukegan Rd.	26	2a. Mailing Address: 2355 Waukegan Rd.
22	Suite/Apt. #, etc.: Suite A200	27	Suite/Apt. #, etc.: Suite A200
23	City & State: Bannockburn, IL	28	City & State: Bannockburn, IL
24	Zip: 60015	29	Zip: 60015
25	Country	30	Country

4. FEI Number: **36-3740288** ☐ 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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
STE 105
TALLAHASSEE FL 32301

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	~~PD~~	1.1 TITLE	C/P/CEO/D ☒ Change ☐ Addition
NAME	MEADOR, THOMAS E.	1.2 NAME	
STREET ADDRESS	~~4949 GOLF RD.~~	1.3 STREET ADDRESS	2355 Waukegan Rd., Suite A200
CITY-ST-ZIP	~~SKOKIE IL~~	1.4 CITY-ST-ZIP	Bannockburn, IL 60015
TITLE	~~VD~~	2.1 TITLE	Senior V/CFO/T/Asst.S/D ☐ Change ☒ Addition
NAME	~~LUTZ, ROBERT H. JR.~~	2.2 NAME	Brian D. Parker
STREET ADDRESS	~~4949 GOLF RD.~~	2.3 STREET ADDRESS	2355 Waukegan Rd., Suite A200
CITY-ST-ZIP	~~SKOKIE IL~~	2.4 CITY-ST-ZIP	Bannockburn, IL 60015
TITLE	~~VD~~	3.1 TITLE	Senior V ☐ Change ☒ Addition
NAME	~~BARRA, GINO A.~~	3.2 NAME	Daniel A. Duhig
STREET ADDRESS	~~4949 GOLF RD.~~	3.3 STREET ADDRESS	2355 Waukegan Rd., Suite A200
CITY-ST-ZIP	~~SKOKIE IL~~	3.4 CITY-ST-ZIP	Bannockburn, IL 60015
TITLE	~~VD~~	4.1 TITLE	Senior V ☒ Change ☐ Addition
NAME	DARRAGH, ALEXANDER J.	4.2 NAME	
STREET ADDRESS	~~4949 GOLF RD.~~	4.3 STREET ADDRESS	2355 Waukegan Rd., Suite A200
CITY-ST-ZIP	~~SKOKIE IL~~	4.4 CITY-ST-ZIP	Bannockburn, IL 60015
TITLE	~~VD~~	5.1 TITLE	Executive V ☒ Change ☐ Addition
NAME	WOOD, ALLAN	5.2 NAME	
STREET ADDRESS	~~4949 GOLF RD.~~	5.3 STREET ADDRESS	2355 Waukegan Rd., Suite A200
CITY-ST-ZIP	~~SKOKIE IL~~	5.4 CITY-ST-ZIP	Bannockburn, IL 60015
TITLE	~~VD~~	6.1 TITLE	V/S ☒ Change ☐ Addition
NAME	OGLE, JERRY M.	6.2 NAME	
STREET ADDRESS	~~4949 GOLF RD.~~	6.3 STREET ADDRESS	2355 Waukegan Rd., Suite A200
CITY-ST-ZIP	~~SKOKIE IL~~	6.4 CITY-ST-ZIP	Bannockburn, IL 60015

See Attached List for Additional Officers

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: Jerry M Ogle — Jerry M. Ogle, Vice Pres. + Sec. — 4-21-95 — (708)677-2900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0096782 CP

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ADDITIONAL OFFICERS

Senior Vice President	Josette Goldberg
Senior Vice President	Alan Lieberman

The address of record for the above officers is:

Bannockburn Lake Office Plaza
2355 Waukegan Road
Suite A200
Bannockburn, Illinois 60015