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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P37453

(8)

FMRP INC.

Principal Place of Business 1615 POYDRAS ST. NEW ORLEANS LA 70112 Mailing Address

P.O. BOX 61119 ATTN: TAX DEPT, NEW ORLEANS LA 701 US FILED
May 14 1998 8:00am
Secretary of State



US NEW ORLEANS LA 70161 US			DO NOT WRITE IN THIS SPACE			
· · · · · · · · · · · · · · · · · · ·				3. Date Incorporated or Qualified 02/11/1992		
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied	For
21		26 Attn: Tax Department			72-1122135 Not App	licable
Suite Apt. #. etc. 2345 Waukegan Rd., Suite E-200		Suite, Apt. #, etc. 2345 Waukegan Rd. Suite E-200		te E-20	5. Certificate of Status Desired See Sequirec	-
City & State		City & State			6. Election Campaign Financing \$5.00 May 8	Ra.
23 Bannoc	kburn, Illinois	28 Bannockburn,	Illinois		Trust Fund Contribution Added to Fee	
Zip	Country	Zip	Countr	у	8. This corporation owes or has paid the current year Intangible	е
24 60015-	5516 25	29 60015-5516	30		Personal Property Tax due Jurie 30. Yes X No	-
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM				Name		
1200 \$O UTH PINE ISLAND ROAD			82	Street A	ddress (P.O. Box Number is Not Acceptable)	
PL/	INTATION FL 33324	•	"	Oli Bet A	doress (F.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 Signature, typind or printed name of registered agent and tille it applicable. (NOTF: Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
TITLE	DV	X DELETE	1.1 TITLE		P/D Change X A	odition
NAME	WOHLEBER, ROBERT M		1.2 NAME		ROBERT E. FOWLER, JR.	i
STREET ADDRESS 1615 POYDRAS ST.			1.3 STREET	ADDRESS	2100 SANDERS ROAD	ļ
CITY-ST-ZIP	NEW ORLEANS LA		1.4 CiTY-8	ST-ZIP	NORTHBROOK, IL 60062	
TITLE	1	X DELETE	21 TITLE			ddition
NAME	DUNCAN, FOSTER R		2.2 NAME		MARSCHALL I. SMITH	
STREET ADDRESS	1615 POYDRAS ST.		2.3 STREET	ADDRESS	2100 SANDERS ROAD	İ
CITY-ST-ZIP	NEW ORLEANS LA		2. 4 CITY-	ST-7IP	NORTHBROOK, IL 60062	
TITLE	PDC X DELETE		3.1 TITLE			ddition
NAME	LATIOLAIS, RENE L.		3.2 NAME		LYNN F. WHITE	
STREET ADDRESS	1615 POYDRAS STREET		3.3 STREET	ADDRESS	2100 SANDERS ROAD	İ
CITY-ST-ZIP	NEW ORLEANS LA		3 4. DITY-		NORTHBROOK, 1L 60062	
TITLE	V	X DELETE	4.1 TITLE	J. 211		ddition
NAME	BE CNEL, R. J.	<i>7</i> .	4. 2 NAME		ROSE MARIE WILLIAMS	
STREET ADDRESS	1615 POYDRAS STREET		4.3 STREET	ADORESS	2100 SANDERS ROAD	
CITY-ST-ZIP	NEW ORLEANS LA		4.4 CITY-S			
TITLE	V	X) DELETE	5.1 TITLE		NORTHBROOK, IL 60062	ddition
NAME	COMBS, J. R.		5.2 NAME	- 1	AS Lichange Mar A DAVID W. BRIGGS	
STREET ADDRESS	1615 POYDRAS STREET		5.3 STREET	ADDRESS	2345 WAUKEGAN ROAD, SUITE E-200	
CITY-ST-ZIP	NEW ORLEANS LA		5.4 CITY-S			
TITLE	S	X DELETE	6.1 TITLE	11-ZIF	BANNOCKBURN, IL 60015-5516	ddition
NAME	KILANOWSKI, MICHAEL C	May be manufa	6.2 NAME	ŀ	Li suange Li w	oviii0(I
STREET ADDRESS	1615 POYDRAS STREET			*DODECC		
CITY-ST-ZIP	NEW ORLEANS LA		6.3 STREET			İ
MI1-91-58			6.4 City - S	1- <i>2</i> 1P		

14. I hereby certify that the information supplied with this fiting 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 appropriation 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 Blogges and the 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 appears in the 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 appears in the 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 appears in a 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 appears in a 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 appears in a 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 and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director and accurate and that my signature shall have the same legal effect as if made under oath