

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 11, 1999 8:00 am  
Secretary of State

05-11-1999 90024 035 \*\*\*150.00

DOCUMENT # P37453

1. Corporation Name  
FMRP INC.



Principal Place of Business  
2345 WAUKEGAN RD  
SUITE E-200  
BONNOCKBURN IL 60015-5516  
US

Mailing Address  
ATTN: TAX DEPARTMENT  
2345 WAUKEGAN RD. SUITE E-200  
BONNOCKBURN IL 60015-5516  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/11/1992

4. FEI Number  
72-1122135

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be  
Trust Fund Contribution Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2100 Sanders Road  
Suite, Apt. #, etc.

22 City & State  
Northbrook, IL

23 Zip Country  
60062-6146 US

2a. Mailing Address

26 2100 Sanders Road  
Suite, Apt. #, etc.

27 Attn: Tax Dept.

28 City & State  
Northbrook, IL

29 Zip Country  
60062-6146 US

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME FOWLER, ROBERT E JR  
STREET ADDRESS 2100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE VPAS ☒ DELETE

NAME SMITH, MARSHALL I  
STREET ADDRESS 2100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE VPT ☐ DELETE

NAME WHITE, LYNN F  
STREET ADDRESS 2100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE S ☐ DELETE

NAME WILLIAMS, ROSE M  
STREET ADDRESS 2100 SANDERS ROAD  
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE AS ☒ DELETE

NAME BRIGGS, DAVID W  
STREET ADDRESS 2345 WAUKEGAN ROAD, SUITE E-200  
CITY-ST-ZIP BANNOCKBURN IL 60015

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/CEO/D ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE AS ☐ Change ☒ Addition

6.2 NAME McGowan, Joseph A., IV  
6.3 STREET ADDRESS 2100 Sanders Road  
6.4 CITY-ST-ZIP Northbrook, IL 60062-6146

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, with all other like empowered.

SIGNATURE:

*Joseph A. McGowan, IV*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Joseph A. McGowan, IV 4/30/99 (847)272-9200

Date

Daytime Phone #

CR2E034 (11/98)