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

Mailing Address

155 NORTH WACKER DR.

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P38152

Principal Place of Business

155 NORTH WACKER DR.

DEARBORN FINANCIAL PUBLISHING, INC.

SIGNATURE: Steven Krause 50

STE. #900	onen on.	STE. #900 CHICAGO IL 60606			DO NOT WRITE IN THIS S	PACE		
CHICAGO IL 606	506				3. Date Incorporated or Qualifed			
					03/30/1992		}	
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	I A	pplied For	
21	ace of business	26			36-3807846	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.					Additional	
22		27			5. Certificate of Status Desired Fee Required			
City & State	9	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		This corporation owes the current year Intangible			
24	25	29 3	0		Personal Property Tax. ☐ Yes ☐ No			
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent			
OT CORDORATION OVOTEN			81	Name				
	ORPORATION SYSTEM		82 Stree		Address (P.O. Box Number is Not Acceptable)			
1200 PINE ISLAND RD.								
PLANTATION FL 33324			83					
			84	City	FL	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes	, the above	e-named	corporation submits this statement for the purpose of cl	nanging it	s registered	
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 office States of Florida, Such office States of Florida, Such of Fl								
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: R	egistered Ager	nt signature r	required when reinstating) DATE			
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12	
TITLE	DCC		1.1 TITLE		D	Change	X Addition	
NAME	KYLE, ROBERT C.		1.2 NAME		Grayer, Jonathan			
STREET ADDRESS	155 NORTH WACKER DR. #900)	1.3 STREE	TADDRESS	888 Seventh Avenue			
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-S	T-ZIP	New York, NY 10106			
TITLE	DP	☐ DELETE	2.1 TITLE		P	Change	☐ Addition	
NAME	BLITZ. DENNIS		2.2 NAME					
STREET ADDRESS	155 NORTH WACKER DR. #900)	2.3 STREET	TADORESS				
CITY-SY-ZIP	CHICAGO IL		2. 4 CITY-5	ST-ZIP		_		
TITLE	V	X) DELETE	3.1 TITLE		S	Change	[X] Addition	
NAME	LUITJENS, CAROL	1	3.2 NAME		Dillon, Veronica			
STREET ADDRESS	155 NORTH WACKER DR. #90	0	3.3 STREE	TADDRESS	888 Seventh Avenue			
CITY-ST-ZIP	CHICAGO IL	-	3.4. CITY-S		New York, NY 10106			
TITLE	S	(X) DELETE	4.1 TITLE			☐ Change	Addition	
NAME	COWAN, WILLIAM H.	.,	4, 2 NAME		Rosen, Andrew			
STREET ADDRESS	180 NORTH LASALLE ST.		4.3 STREE	TADDRESS	888 Seventh Avenue			
CITY-ST-ZIP	CHICAGO IL		4.4 CITY-S		New York, NY 10106			
TITLE	٧	☐ DELETE	5.1 TITLE		I I I I I I I I I I I I I I I I I I I	☐ Change	☐ Addition	
NAME	KRAUSE, STEVEN E		5.2 NAME					
STREET ADDRESS	155 NORTH WACKER DR. #900)	5.3 STREE	T ADDRESS				
CITY-ST-ZIP	CHICAGO IL	•	5.4 CITY-S	T-ZIP				
TITLE	AS	ĬŽ) DELETE	6.1 TITLE		D	Change	X Addition	
NAME	POWNEY, WILLIAM C	_	6.2 NAME		Jones, Hal			
STREET ANDRESS	155 NORTH WACKER OR STE	200	6.3 STREE	T ADDRESS	1888 Seventh Avenue			

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.

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90134 049 ***150.00