

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P39456** (9)

1. Corporation Name

CHISOX CORPORATION

Principal Place of Business

**333 WEST 35TH STREET
CHICAGO IL 60616**

Mailing Address

**333 WEST 35TH STREET
CHICAGO IL 60616**



3. Date Incorporated or Qualified
06/30/1992

3a. Date of Last Report
07/07/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	REINSDORF, JERRY M	
STREET ADDRESS	333 W. 35TH STREET	
CITY- ST- ZIP	CHICAGO IL 60616	
TITLE	V	<input type="checkbox"/> DELETE
NAME	PIZER, HOWARD C	
STREET ADDRESS	333 W. 35TH STREET	
CITY- ST- ZIP	CHICAGO IL 60616	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PENNER, GERALD M	
STREET ADDRESS	333 W. 35TH STREET	
CITY- ST- ZIP	CHICAGO IL 60616	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EINHORN, EDWARD E	
STREET ADDRESS	333 W. 35TH STREET	
CITY- ST- ZIP	CHICAGO IL 60616	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GOULD, JACK	
STREET ADDRESS	333 W. 35TH STREET	
CITY- ST- ZIP	CHICAGO IL 60616	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHUELER, RONALD	
STREET ADDRESS	333 W. 35TH STREET	
CITY- ST- ZIP	CHICAGO IL 60616	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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)(k), 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: *[Signature]* Vice President - Finance 1/16/96 312-924-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)