

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90017 002 ***150.00

DOCUMENT # P40388

1. Corporation Name
GOLD KEY LEASE, INC.



Principal Place of Business
600 HART ROAD
BARRINGTON IL 60010

Mailing Address
DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-9621
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/09/1992

4. FEI Number

36-3840801

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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30

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 PCD ☐ DELETE

NAME DERICKSON, SANDRA L.
STREET ADDRESS 3950 CHARLEMAGNE AVE.
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE VD ☐ DELETE

NAME OSTRANDER, MELVIN D.
STREET ADDRESS 1507 LAKE SHORE DRIVE
CITY-ST-ZIP S. BARRINGTON IL

TITLE VD ☐ DELETE

NAME VREELAND, MARTIN J.
STREET ADDRESS 3669 WHISPERING TRAILS
CITY-ST-ZIP HOFFMAN ESTATES IL

TITLE V ☐ DELETE

NAME BONGARTEN, KARL J.
STREET ADDRESS 6 UNIVERSITY CIRCLE
CITY-ST-ZIP HAWTHORN WOODS IL

TITLE VPT ☐ DELETE

NAME HYDE, JEFFREY L.
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT

TITLE S ☐ DELETE

NAME HORTON, JEANNE M.
STREET ADDRESS 8 DANADA DRIVE
CITY-ST-ZIP WHEATON IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ 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 ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JEFFREY L. HYDE

Date

4-28-99

Daytime Phone #

203-357-4544

CR2E034 (11/98)