FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 20 AM 8:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000062574 (6)**

1. Corporation Name
CCS BUILDING CORP. #1, INC.

Principal Place of Business	Mailing Address
1400 EAST TOUHY SUITE 100 DES PLAINES IL 60018	1400 EAST TOUHY SUITE 100 DES PLAINES IL 60018

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/25/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5200 N.W. 33rd Ave.	26 5200 N.W.33rd Ave.
Suite, Apt. #, etc. 22 Suite 203	Suite, Apt. #, etc. 27 Suite 203
City & State 23 Ft. Lauderdale FL	City & State 28 Ft. Lauderdale FL
Zip: 24 33309 — Country: 25	Zip: 29 33309 — Country: 30

4. FEI Number — [X] 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 has liability for intangible tax under S. 199.032.* Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	91 Name: Paul Hauser 92 Street Address (P.O. Box Number is Not Acceptable): 5200 N.W. 33rd Ave. 93: Suite 203 94 City: Ft. Lauderdale FL 95 Zip Code: 33309

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: S. B. Hauser V.P. Paul Hauser 4-17-95
Signature, typed or printed name of registered agent and title if corporation — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	DST [ ] Change [ ] Addition
NAME	EAGER, ALLAN	12 NAME	Allen Eager
STREET ADDRESS	3692 W. OAKLAND PARK BLVD.	13 STREET ADDRESS	1400 E Touhy Ave. Suite 100
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	14 CITY-ST-ZIP	Des Plaines IL 60018
TITLE	D	21 TITLE	[ ] Change [ ] Addition
NAME	HOUSER, PAUL	22 NAME	HAUSER
STREET ADDRESS	3692 W. OAKLAND PARK BLVD.	23 STREET ADDRESS	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	24 CITY-ST-ZIP	
TITLE		31 TITLE	[ ] Change [X] Addition
NAME		32 NAME	DP Barry E Hershman
STREET ADDRESS		33 STREET ADDRESS	1400 E Touhy Ave, Suite 100
CITY-ST-ZIP		34 CITY-ST-ZIP	Des Plaines, Illinois 60018
TITLE		41 TITLE	[ ] Change [ ] Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	[ ] Change [ ] Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	[ ] Change [ ] Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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.

SIGNATURE: [signature] Barry E Hershman, Pres 4/1/95 708-298-3100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0497709 FP