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 26 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000090942 (1)**

1. Corporation Name
1314 MARQUETTE AVENUE INC.

Principal Place of Business	Mailing Address
C/O 1230 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32314	C/O 1230 BLOUNTSTOWN HIGHWAY TALLAHASSEE FL 32314

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/13/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 **c/o State Board of Administration**	26 **1801 Hermitage Blvd.**
Suite, Apt. #, etc. 22 **502 N. Adams Street**	Suite, Apt. #, etc. 27 **Suite 600**
City & State 23 **Tallahassee, Florida**	City & State 28 **Tallahassee, Florida**
Zip / Country 24 **32314** / 25 **USA**	Zip / Country 29 **32308** / 30 **USA**

4. FEI Number: **36-3995917** ☐ 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 ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCHOW, HORACE II **1230 BLOUNTSTOWN HIGHWAY** **TALLAHASSEE FL 32314**	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☒ Change ☐ Addition
NAME	BENNETT, DOUGLAS W	12 NAME		
STREET ADDRESS	1230 BLOUNTSTOWN HIGHWAY	13 STREET ADDRESS	502 N. Adams Street	
CITY-ST-ZIP	TALLAHASSEE FL 32314	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	MILLER, TODD A	22 NAME		
STREET ADDRESS	1230 BLOUNTSTOWN HIGHWAY	23 STREET ADDRESS	502 N. Adams Street	
CITY-ST-ZIP	TALLAHASSEE FL 32314	24 CITY-ST-ZIP		
TITLE	P	31 TITLE		☒ Change ☐ Addition
NAME	WURTZENBACH, CHARLES	32 NAME	Charles H. Wurtzebach	
STREET ADDRESS	180 N. LASALLE STREET	33 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGO IL 60601	34 CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VS	41 TITLE		☒ Change ☐ Addition
NAME	NOELL, JOHN	42 NAME		
STREET ADDRESS	180 N. LASALLE STREET	43 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGO IL 60601	44 CITY-ST-ZIP	Chicago, IL 60601	
TITLE	VT	51 TITLE		☒ Change ☐ Addition
NAME	MCCARTHY, THOMAS	52 NAME		
STREET ADDRESS	180 N. LASALLE STREET	53 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGO IL 60601	54 CITY-ST-ZIP	Chicago, IL 60601	
TITLE	V	61 TITLE	AV/AS	☐ Change ☒ Addition
NAME	CASEY, MICHAEL	62 NAME	Gail Carey	
STREET ADDRESS	180 N. LASALLE STREET	63 STREET ADDRESS	180 N. LaSalle Street	
CITY-ST-ZIP	CHICAGO IL 60601	64 CITY-ST-ZIP	Chicago, IL 60601	

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: Gail Carey **Gail Carey** **4/17/95** **(312) 541-6767**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D40000 FP