

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

DOCUMENT # P94000090942

1. Corporation Name  
1314 MARQUETTE AVENUE INC.

99 APR -9 PM 2:16

Principal Place of Business

1801 HERMITAGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308  
US

Mailing Address

1801 HERMATIGE BLVD  
SUITE 600  
TALLAHASSEE FL 32308  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/13/1994

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 owes the current year Intangible  
Personal Property Tax

[ ] Yes [X] No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

TODD, DAVID E  
1801 HERMITAGE BLVD  
SUITE 100  
TALLAHASSEE FL 32314

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

84. Zip Code

700002840727-1  
-04/15/99-01099-003  
\*\*\*\*150.00 \*\*\*\*150.00  
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 is not required if the agent is a corporation)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |            |
|----------------|----------------------|------------|
| TITLE          | D                    | [ ] DELETE |
| NAME           | BENNETT, DOUGLAS W   |            |
| STREET ADDRESS | 1801 HERMITAGE BLVD  |            |
| CITY-ST-ZIP    | TALLAHASSEE FL       |            |
| TITLE          | D                    | [ ] DELETE |
| NAME           | SMITH, JEFFREY L     |            |
| STREET ADDRESS | 1801 HERMITAGE BLVD  |            |
| CITY-ST-ZIP    | TALLAHASSEE FL 32308 |            |
| TITLE          | P                    | [ ] DELETE |
| NAME           | EDELMAN, HOWARD J.   |            |
| STREET ADDRESS | 180 N LASALLE STREET |            |
| CITY-ST-ZIP    | CHICAGO IL           |            |
| TITLE          | VS                   | [X] DELETE |
| NAME           | NOELL, JOHN          |            |
| STREET ADDRESS | 180 N LASALLE STREET |            |
| CITY-ST-ZIP    | CHICAGO IL           |            |
| TITLE          | VTAS                 | [ ] DELETE |
| NAME           | SMITH, ROGER E.      |            |
| STREET ADDRESS | 180 N LASALLE STREET |            |
| CITY-ST-ZIP    | CHICAGO IL           |            |
| TITLE          | VAS                  | [X] DELETE |
| NAME           | BURDI, THOMAS M      |            |
| STREET ADDRESS | 180 N LASALLE STREET |            |
| CITY-ST-ZIP    | CHICAGO IL           |            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |                                 |                         |
|-------------------|---------------------------------|-------------------------|
| 11 TITLE          | DVAS                            | [ ] Change [X] Addition |
| 12 NAME           | James W. Horton                 |                         |
| 13 STREET ADDRESS | 1801 Hermitage Blvd., Suite 600 |                         |
| 14 CITY-ST-ZIP    | Tallahassee, FL 32308           |                         |
| 21 TITLE          | VS                              | [ ] Change [X] Addition |
| 22 NAME           | Thomas D. McCarthy              |                         |
| 23 STREET ADDRESS | 180 N. LaSalle Street           |                         |
| 24 CITY-ST-ZIP    | Chicago, IL 60601               |                         |
| 31 TITLE          | VAS                             | [ ] Change [X] Addition |
| 32 NAME           | Luanne K. Good                  |                         |
| 33 STREET ADDRESS | 1801 Hermitage Blvd., Suite 600 |                         |
| 34 CITY-ST-ZIP    | Tallahassee, FL 32308           |                         |
| 41 TITLE          | VAS                             | [ ] Change [X] Addition |
| 42 NAME           | Karen Kurnick                   |                         |
| 43 STREET ADDRESS | 180 N. LaSalle Street           |                         |
| 44 CITY-ST-ZIP    | Chicago, IL 60601               |                         |
| 51 TITLE          |                                 | [ ] Change [ ] Addition |
| 52 NAME           |                                 |                         |
| 53 STREET ADDRESS |                                 |                         |
| 54 CITY-ST-ZIP    |                                 |                         |
| 61 TITLE          |                                 | [ ] Change [ ] Addition |
| 62 NAME           |                                 |                         |
| 63 STREET ADDRESS |                                 |                         |
| 64 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)(b), 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, 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 as an attachment with an address, with all other like empowered

SIGNATURE: Douglas W. Bennett, Director

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-14-99 850-488-4406

0051609

CR2E034 (11/98)