FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000073105 (5)

1. Corporation Name
MYRON'S ASSETS INC.

Principal Place of Business	Mailing Address
C/O UNITED CORPORATE SERVICES. INC. 801 NORTH EAST 167TH STREET. SUITE 300 NORTH MIAMI BEACH FL 33162	C/O UNITED CORPORATE SERVICES. INC. 801 NORTH EAST 167TH STREET. SUITE 300 NORTH MIAMI BEACH FL 33162

3. Date Incorporated or Qualified: 09/21/1995
3a. Date of Last Report: N.A.
4. FEI Number: 65-0616007 ☐ 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

2. Principal Place of Business	2a. Mailing Address
21 c/o Frye-Louis	26 c/o Frye-Louis
Suite, Apt. #, etc. 22 225 W. Wacker Dr., #1000	Suite, Apt. #, etc. 27 225 W.Wacker Dr, #1000
City & State 23 Chicago, IL 60606	City & State 28 Chicago, IL 60606
Zip 24 Country 25 USA	Zip 29 Country 30 USA

9. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTH EAST 167TH STREET
SUITE 300
NORTH MIAMI BEACH FL 33162

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☒ DELETE	1.1 TITLE	Director, Vice President ☒ Change ☒ Addition
NAME	BARR, RAY A	1.2 NAME	Myron A. Wick III
STREET ADDRESS	10 BANK STREET	1.3 STREET ADDRESS	944 Chestnut Street
CITY-ST-ZIP	WHITE PLAINS NY 10606	1.4 CITY-ST-ZIP	San Francisco, CA 94109
TITLE	D ☒ DELETE	2.1 TITLE	Director, President ☒ Change ☒ Addition
NAME	SKUBICKI, MARK	2.2 NAME	Walter D. Wick
STREET ADDRESS	10 BANK STREET	2.3 STREET ADDRESS	1475 S. Willow
CITY-ST-ZIP	WHITE PLAINS NY 10606	2.4 CITY-ST-ZIP	Manchester, NH 03103
TITLE	☐ DELETE	3.1 TITLE	Director, Treasurer ☒ Change ☒ Addition
NAME		3.2 NAME	Wendy W. Chase
STREET ADDRESS		3.3 STREET ADDRESS	1055 Buckman Rd. Santa Fe N.M. 87501
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	Director, Secretary ☒ Change ☒ Addition
NAME		4.2 NAME	Penelope W. DeYoung
STREET ADDRESS		4.3 STREET ADDRESS	22 Indian Hill Road
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Winnetka, IL 60093
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	500001822135
STREET ADDRESS		5.3 STREET ADDRESS	-05/15/96--01039--040
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	800001822138
STREET ADDRESS		6.3 STREET ADDRESS	-05/15/96--01039--041
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***25.00

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: Walter D. Wick Walter D. Wick, President (312) 541-4655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)