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PROFIT
CORPORATION
ANNUAL REPORT
1997



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

C/O FRYE-LOUIS
225 W WACKER DR., #1000
CHICAGO IL 60606

Mailing Address

C/O FRYE-LOUIS
225 W WACKER DR., #1000
CHICAGO IL 60606-1229

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

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

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 if not applicable

(NOTE: Registered Agent's signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVP
NAME WICK, MYRON
STREET ADDRESS 944 CHESTNUT ST
CITY-ST-ZIP SAN FRANCISCO CA 94109

☐ DELETE

TITLE PD
NAME WICK, WALTER
STREET ADDRESS 1475 S WILLOW
CITY-ST-ZIP MANCHESTER NH 03103

☐ DELETE

TITLE TD
NAME CHASE, WENDY
STREET ADDRESS 1055 BUCKMAN RD
CITY-ST-ZIP SANTA FE NM 87501

☐ DELETE

TITLE DS
NAME DEYOUNG, PENELOPE W
STREET ADDRESS 22 INDIAN HILL ROAD
CITY-ST-ZIP WINNETKA IL 60093

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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 do 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.

SIGNATURE:

Walter D. Wick

3/12/97

311-646-1656

FILED
Mar 19 1997 8:00am
Secretary of State



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