

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED
99 MAR 15 AM 9:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000036681 (0)
1. Corporation Name

A.M. NETPROP, INC.

Principal Place of Business

Mailing Address

3500 Three First Nat'l Plz.
Chicago, IL 60602

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Chicago, IL 60602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

4/26/1996

4. FEI Number

36-4079182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30 ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 State Apt #, etc.

26 State Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

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 607.1506, 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 officer or director (Typed name must be in all capital letters)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME Richard A. Ungaretti

STREET ADDRESS 3500 Three First National Plaza

CITY-STATE-ZIP Chicago, IL 60602

TITLE ☐ DELETE

NAME V/S/T/D

STREET ADDRESS Jack D. Jester

CITY-STATE-ZIP 3500 Three First National Plaza

Chicago, IL 60602

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE ☐ DELETE

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NAME

STREET ADDRESS

CITY-STATE-ZIP

14 TITLE

15 NAME

16 STREET ADDRESS

17 CITY-STATE-ZIP

18 TITLE

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27 NAME

28 STREET ADDRESS

29 CITY-STATE-ZIP

30 TITLE

31 NAME

32 STREET ADDRESS

33 CITY-STATE-ZIP

34 TITLE

35 NAME

36 STREET ADDRESS

37 CITY-STATE-ZIP

38 TITLE

39 NAME

40 STREET ADDRESS

41 CITY-STATE-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 supplementary 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 602, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jack D. Jester, Vice President

2/15/99

(312) 977-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)