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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000075593 (9)

WATERTON PD II, INC.

Principal Place of Business Mailing Address

225 WEST WASHINGTON STREET #1650
CHICAGO IL 60806

Mailing Address

225 WEST WASHINGTON STREET #1650
CHICAGO IL 60806

FILED May 11 1998 8:00am Secretary of State



225 WEST WASHINGTON STREET #1650 CHICAGO IL 80808		225 WEST WASHINGTON STREET #1650 CHICAGO IL 60806		DO NOT WRITE IN THI	IS SPACE		
					3. Date Incorporated or Qualified 09/11/1996		
<u> </u>	Place of Business	2a. Mailing Address	<u>├</u> ¬		4. FEI Number	<u> </u>	pplied For
21]		26		36~4108479		ot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required		
City & State		Cily & State	28		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees		
Zip	Country 25	Zip	Cour	ntry	 This corporation owes or has paid the operation of the Personal Property Tax due June 30. 		tangible] No
	9. Name and Address of Cur				10. Name and Address of New Registers	d Agent	
CORPORATION SERVICE COMPANY				81 Name			
1201 HAYS STREET TALLAHASSEE FL 32301				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
••			1	83		~ _	
			ţ	84 City	<u> </u>	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the St	0502 and 607.1508, Florida Statu	tes, the ab	ove-named cor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing i	ts registered registered
•		oligations of, Section 607,0505, F	lorida State	ites.			•
SIGNATURE	Signature, typed or printed name of registered	regent and title if applicable (NO	TF: Registered	Agent signature req	Alfred when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	RS IN 12
TITLE	DPST	DELETE	1.1 10	LE		Change	Addition
NAME	VILIM, PETER M		1.2 NA	ME }			
STREET ADDRESS		, STE 1650	1.3 STI	REET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60606		1.4 00	Y-ST-ZIP			
TITLE	DPST	☐ DELETE	2.1 117	LE		Change	Addition
NAME	SCHWARTZ, DAVID R		2.2 NA	ME j			
STREET ADDRESS		, STE 1650	2.3 ST	REET ADDRESS			
CITY - ST - ZIP	CHICAGO IL 60606		2.4 CI	TY-ST-ZIP			
TITLE	VP	DELETE	3 1 TH	LĒ		Change	☐ Addition
NAME	SCHWARTZ, JAMES		3.2 NA	ME J			
STREET ADDRESS		, STE 1650	3.3 ST	REET ADDRESS			
CITY-S1-ZIP	CHICAGO IL 60606		3.4. CF	TY-ST-ZIP			
TITLE		☐ DELETE	4.1 111	LE		☐ Change	Addition
NAME	i		4.2 N/	ME (
STREET ADDRESS			4.3 ST	REET ADDRESS			
CITY-ST-ZIP			4,4 CIT	Y-ST-ZIP			
TITLE	1	L DELETE	5.1 TIT	re		L Change	Addition
NAME			5.2 NA	ME (
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-ZIP		····	5.4 CIT	Y-ST-ZIP			
TITLE	,	DELETE	61111	LE		☐ Change	Addition
NAME			6.2 NA	VIE (
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-SY-ZIP			6.4 CIT	Y-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)(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 eath; 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:

PATER M. VIII M. VIII

4-28-98 (312) 553-5270