SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:29

DOCUMENT # V42177 (8)

1. Corporation Name
GINGISS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
180 N LASALLE ST SUITE 1111 CHICAGO IL 60601	180 N LASALLE ST SUITE 1111 CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/05/1992
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0338012 ☐ 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 2101 Executive Drive	26 2101 Executive Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Addison, IL	City & State 28 Addison, IL
Zip 24 60101 Country 25 USA	Zip 29 60101 Country 30 USA

9. Name and Address of Current Registered Agent

BEYER, DAVID A
% RUDNICK & WOLFE
101 E KENNEDY BLVD SUITE 2000
TAMPA FL 33602-5133

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 ____________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1 1 TITLE	☒ Change ☐ Addition
NAME	CORRAO, MICHAEL J	1 2 NAME	
STREET ADDRESS	180 N. LASALLE SUITE 1111	1 3 STREET ADDRESS	2101 Executive Drive
CITY - ST - ZIP	CHICAGO IL 60601	1 4 CITY - ST - ZIP	Addison, IL 60101
TITLE	V	2 1 TITLE	☒ Change ☐ Addition
NAME	VANDERWAL, RICHARD B	2 2 NAME	
STREET ADDRESS	180 N. LASALLE SUITE 1111	2 3 STREET ADDRESS	2101 Executive Drive
CITY - ST - ZIP	CHICAGO IL 60601	2 4 CITY - ST - ZIP	Addison, IL 60101
TITLE	V	3 1 TITLE	☒ Change ☐ Addition
NAME	SMODILLA, TIMOTHY P	3 2 NAME	
STREET ADDRESS	180 N. LASALLE SUITE 1111	3 3 STREET ADDRESS	2101 Executive Drive
CITY - ST - ZIP	CHICAGO IL 60601	3 4 CITY - ST - ZIP	Addison, IL 60101
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY - ST - ZIP		4 4 CITY - ST - ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

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)(k), 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: X Richard B. Vanderwal 6/21/95 708-620-9050
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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