

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jan 27 1997 8:00am
Secretary of State

DOCUMENT # 017109 (0)
1. Corporation Name
THE CORPORATION COMPANY

Principal Place of Business
1200 S. PINE ISLAND RD.
PLANTATION FL 33324
US

Mailing Address
2700 LAKE COOK RD
RIVERWOODS IS 60015-3867



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

08/23/1925

3a. Date of Last Report

05/01/1996

4. FEI Number

51-0099484

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

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

TITLE PD ~~DELETE~~

NAME THORNE, OAKLEIGH B.
STREET ADDRESS 1209 ORANGE STREET
CITY, ST, ZIP WILMINGTON DE

TITLE T ~~DELETE~~

NAME ASHLEY, KENNETH J
STREET ADDRESS 2700 LAKE COOK RD
CITY, ST, ZIP RIVERWOODS IL 60015

TITLE VD ~~DELETE~~

NAME STAATERMAN, ROBYN
STREET ADDRESS 1209 ORANGE STREET
CITY, ST, ZIP WILMINGTON DE

TITLE S ~~DELETE~~

NAME MILONE, THERESA
STREET ADDRESS 2700 LAKE COOK ROAD
CITY, ST, ZIP RIVERWOODS IL

TITLE AS ~~DELETE~~

NAME BOUTILIER, ANN
STREET ADDRESS 1200 S. PINE ISLAND ROAD
CITY, ST, ZIP PLANTATION FL

TITLE AT ~~DELETE~~

NAME HEALY, PETER F
STREET ADDRESS 183 BRAINTREE DR
CITY, ST, ZIP BLOOMINGDALE IL 60108

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ~~Change~~ ~~Addition~~

1.2 NAME PETER VAN WEL
1.3 STREET ADDRESS 2700 LAKE COOK ROAD
1.4 CITY, ST, ZIP RIVERWOODS, IL. 60015

2.1 TITLE TDSV ~~Change~~ ~~Addition~~

2.2 NAME BRUCE C. LENZ
2.3 STREET ADDRESS 2700 LAKE COOK ROAD
2.4 CITY, ST, ZIP RIVERWOODS, IL 60015

3.1 TITLE ~~Change~~ ~~Addition~~

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE P ~~Change~~ ~~Addition~~

4.2 NAME NANCY MCKINSTRY
4.3 STREET ADDRESS 1633 BROADWAY
4.4 CITY, ST, ZIP NEW YORK, NY. 10019

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:

Peter F. Healy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER F. HEALY

Date

1/10/97

Daytime Phone #

847-267-7125

0491334

CR2E034 (9/96)