COMMONWEALTH OF KENTUCKY JOHN Y. BROWN III, SECRETARY OF STATE ANNUAL REPORT

(See Reverse Side for Filing Instructions)

				(4) FILING FEE
RECORD#	0302249	DUE JUNE 30,	1995	15.00
(1) EXACT CORI	PORATE NAME AND PRINCIPAL OFFICE	ADDRESS:		
	SERVICES, INC. OF KENTU ACKER OR., 25TH FL.	ır KY		•
	IL 60505-1710			(5) STATE OR COUNTRY OF INCORPORATION
				КА
2) PRINCIPAL OF	FICE ADDRESS IS HEREBY CHANGED TO:		A	(6) DATE OF INCORPORATION OR UTHORIZATION TO TRANSACT BUSINESS
				03/27/1939
2) REGISTERED A	IGENT AND REGISTERED OFFICE ADDRESS	•	(?) PLEASE MAI	L A STATEMENT OF CHANGE FORM TO:
<u> </u>	NO AND THE OFFICE ADDITIONS		<u> </u>	
C T CORP	· SYSTEM			
KY. HIME	LIFE 9LDG., RM. 1107			
LOUISVILLE, KY 40202-0000			JUN 4 1996	
				·
Changes made to th	e registered agent or registered office cannot be made	on this form.		
•	See Filing Instructions on reverse side.			
PLEASE TY	YPE OR PRINT THE <u>NAMES</u> AND <u>BUSINESS</u> IF SO	ADDRESSES OF T	HE CORPORATION'S	S CURRENT PRINCIPAL OFFICERS.
_			ALL CORPOR	RATE OFFICERS
ICE PRESIDENT	Secone & Hamer		_ ARE LOCATE	D AT:
	· · · · · · · · · · · · · · · · · · ·	•	123 N. WACK	ER DRIVE, 26TH FLR
SECHETAHY ALL	lene Jeschke	·	 CHICAGO, ILI 	LINOIS 60606
REASURER RE	ul I. Rabin		••	
Directors are required to	PLEASE TYPE OR PRINT THE <u>NAMES AND B</u> to be listed. No listing of directors is verification that the Filing Instructions on reverse side.	USINESS ADDRES	SSES OF THE CORPORTED OF DESCRIPTION	ORATION'S DIRECTORS. ectors. Non-profit corporations must list three (3)
SOARD OF _			ALL CORPO	RATE OFFICERS
DIRECTORS D	ouglas B. Brown			
()-	mal F. Hanger		123 N. WAC	KER DRIVE, 26TH FLR
k	mos r. Hanger		CHICAGO, II	LLINOIS 60606
£1c2	muc F. Queca			Approximate of training
VERIFY THAT INFO	ORMATION IN THIS ANNUAL REPORT IS QUE	RHENT AS OF THE	DATE THIS REPOR	
LUTHORIZED SIGN	ATURE TOWARD	KSG- T	ITLE AVP- 700	CCS DATE 5-14-96
PROFESSIONAL St ddresses of all shar	ERVICE CORPORATIONS ONLY: In addition to eholders of the professional service corporation CERTIFICATE OF PRO	and the president s	shall sign the certificat	e below:
secretary a	t of said corporation, do certify that all of the sha and treasurer of the professional service corpora been filed with the regulating heard that licenses	areholders, not less tion are duly qualifi	than one half of the d ed as provided in KRS	irectors, and all officers other than Chapter 274 and a copy of such annual

PRESIDENT'S SIGNATURE ____