

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000004901 (5)**

1. Corporation Name
ECD-BRIAR CREEK, INC.



Principal Place of Business: **2055 ARMY TRAIL ROAD, SUITE 138 ADDISON IL 60101**
Mailing Address: **2055 ARMY TRAIL ROAD, SUITE 138 ADDISON IL 60101**

3. Date Incorporated or Qualified: **10/29/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **36-3939294**
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: 21 State, Apt. #, etc.; 22 City & State; 23 Zip; 24 County; 25
2a. Mailing Address: 26 State, Apt. #, etc.; 27 City & State; 28 Zip; 29 County; 30

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 SOUTH 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 607.0602 and 607.1501, 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 607.0602, Florida Statutes.

SIGNATURE: _____ Date: _____

12. OFFICERS AND DIRECTORS

1. NAME	PDT GREENBERG, GERALD M	<input type="checkbox"/> DELETE
2. HOME ADDRESS	2055 ARMY TRAIL ROAD ADDISON IL 60101	
3. TITLE	VSD	<input type="checkbox"/> DELETE
4. NAME	GREENBERG, SCOTT D	
5. HOME ADDRESS	2055 ARMY TRAIL ROAD ADDISON IL 60101	
6. TITLE		<input type="checkbox"/> DELETE
7. NAME		
8. HOME ADDRESS		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. HOME ADDRESS		
12. TITLE		<input type="checkbox"/> DELETE
13. NAME		
14. HOME ADDRESS		
15. TITLE		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied within 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, both as 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 Book 12 or Book 13 of county 21 or on an attached filing address.

SIGNATURE: *Scott D. Greenberg* VP
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Scott D. Greenberg

JAN. 19, 1996 (708) 495-2231

CR2E034 (12/95)