

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 28 PM 12: 25

DOCUMENT # P24470 (7)

1. Corporation Name
SAGE ENTERPRISES, INC.

Principal Place of Business: **999 E. TOUHY AVENUE
200
DES PLAINES IL 60018
US**

Mailing Address: **C/O LAWRENCE M ELMAN
222 N LASALLE ST. STE 1900
CHICAGO IL 60601
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/24/1989** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **36-3629118** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$6.75 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** 2a. Mailing Address: **26**

22. City & State: **23** 27. City & State: **28**

24. Zip: **25** Country: **29** Zip: **30** Country: **30**

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) _____ (Typed Registered Agent signature required when renewing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	GREENBERG, GARY A.
STREET ADDRESS	999 E. TOUHY AVE.
CITY- ST- ZIP	DES PLAINES IL
TITLE	S
NAME	COWAN, PHILIP
STREET ADDRESS	222 N. LASALLE ST. #1900
CITY- ST- ZIP	CHICAGO IL
TITLE	D
NAME	STILLMAN, SHELDON J.
STREET ADDRESS	999 E. TOUHY AVE.
CITY- ST- ZIP	DES PLAINES IL
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	C/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Stillman, Sheldon J.
33 STREET ADDRESS	999 E. Touhy Ave.
34 CITY- ST- ZIP	Des Plaines, IL 60018
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

14. I do hereby certify that the information submitted with this filing is voluntary, truthful 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 that I am or have been empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if completed, or on an attached list with my telephone number.

SIGNATURE: *Gary A. Greenberg* **GARY A. GREENBERG** -President 02/20/95 (708) 827-0066

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE NUMBER