

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90429 042 ***150.00

DOCUMENT # 838762

1. Entity Name

CANDLE CORPORATION OF AMERICA

Principal Place of Business 999 E. TOUHY STE. #450 DES PLAINES IL 60018 US	Mailing Address 999 E. TOUHY STE. #450 DES PLAINES IL 60018-2748 US
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 11-1434610	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GARCIA, JOSE 7363 NW 36 AVE. MIAMI FL 33147	7. Name and Address of New Registered Agent Name CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Rd City Plantation FL Zip Code 33324
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE **Jonathan R. Ciddings**
Signature, typed or printed name of registered agent and fee applicable. (NOTE: Registered Agent signature required when reinstating)
 DATE **5/10/2000**

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ROSE, HOWARD		NAME	
STREET ADDRESS 999 E TOUHY AVE		STREET ADDRESS	
CITY-ST-ZIP DES PLAINES IL 60018		CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROWNING, RICHARD		NAME	
STREET ADDRESS 100 FIELD POINT RD		STREET ADDRESS	
CITY-ST-ZIP GREENWICH CT 06830		CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOERGEN, BOB		NAME	
STREET ADDRESS 100 FIELD POINT RD		STREET ADDRESS	
CITY-ST-ZIP GREENWICH CT 06830		CITY-ST-ZIP	
TITLE P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LAFORGE, ELWOND L		NAME	
STREET ADDRESS 100 FIELD PT RD		STREET ADDRESS	
CITY-ST-ZIP GREENWICH CT 06830		CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME KREIGER, BRUCE D		NAME	
STREET ADDRESS 100 FIELD PT RD		STREET ADDRESS	
CITY-ST-ZIP GREENWICH CT 06830		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Michael R. Bowers**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4/17/00** Daytime Phone #

CR2E034 (9/99)