

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90294 019 \*\*\*150.00

SECRET 17

**DOCUMENT # 838762**

1. Entity Name  
**CANDLE CORPORATION OF AMERICA**



Principal Place of Business <b>999 E. TOUHY STE. #450 DES PLAINES IL 60018 US</b>	Mailing Address <b>999 E. TOUHY STE. #450 DES PLAINES IL 60018 US</b>
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2. Principal Place of Business  Suite, Apt. #, etc. <b>500</b> City & State	3. Mailing Address  Suite, Apt. #, etc. <b>500</b> City & State
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Zip	Country	Zip	Country
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4. FEI Number **11-1434610**

Applied For	
Not Applicable	

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**11019513**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1240 SOUTH PINE ISLAND RD  
FORT LAUDERDALE FL 33324**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP PLATAS, M. RUBEN 1 EAST WEAVER ST. GREENWICH CT 06830</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO BROWNING, RICHARD 1 EAST WEAVER ST GREENWICH CT 06830</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GOERGEN, BOB 1 EAST WEAVER ST GREENWICH CT 06830</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP COLLINS, CHRIS 999 EAST TOWDY AVE STE 450 DES PLAINES IL 60018</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S KREIGER, BRUCE D 1 EAST WEAVER ST. GREENWICH CT 06830</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BARGHAUS, ROBERT H 10 EAST WEAVER STREET GREENWICH CT 06830</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P STEPHEN KOSNALSKI 999 E. TOUHY AVE, STE 500 DES PLAINES, IL 60018</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D 06831</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C/D 06831</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T RICHARD ZIEUNSKI 999 E. TOUHY AVE, STE 500 DES PLAINES, IL 60018</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP/S 06831</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP/CFO 06831</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Richard Zielunski* **RICHARD ZIEUNSKI** 4/24/03 (847) 294-1100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)