

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000000579 (1)**

1. Corporation Name

LYRIHN COMMUNICATIONS, INC.



Principal Place of Business

**3162 N. BROADWAY
CHICAGO IL 60657**

Mailing Address

**3162 N. BROADWAY
CHICAGO IL 60657**

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324**

3. Date Incorporated or Qualified

02/02/1995

3a. Date of Last Report

4. FEIN Number

36-3960108

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. 193.032
Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

11. Pursuant to the provisions of Sections 601, 602, 603 and 604, 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. Thereby, accept the appointment as registered agent. Term for duration and accept the obligations of Sections 601, 602, 603, Florida Statutes.

SIGNATURE

Signature of Officer or Director

Signature of Secretary

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC	1. TITLE	
NAME	VITALE, JEFFREY J	2. NAME	Secretary
STREET ADDRESS	3162 N. BROADWAY	3. STREET ADDRESS	Robert L Thompson
CITY-STATE-ZIP	CHICAGO IL 60657	4. CITY-STATE-ZIP	3162 N. Broadway
TITLE	V	5. TITLE	Chicago IL 60657
NAME	STORJOHANN, KYLE E	6. NAME	
STREET ADDRESS	4954 N. ST. LOUIS	7. STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60625	8. CITY-STATE-ZIP	
TITLE	V	9. TITLE	
NAME	RIES, RANDAL R	10. NAME	
STREET ADDRESS	626 W. ROSECOE, EL	11. STREET ADDRESS	
CITY-STATE-ZIP	CHICAGO IL 60657	12. CITY-STATE-ZIP	
TITLE		13. TITLE	
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY-STATE-ZIP		16. CITY-STATE-ZIP	
TITLE		17. TITLE	
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY-STATE-ZIP		20. CITY-STATE-ZIP	
TITLE		21. TITLE	
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY-STATE-ZIP		24. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is accurately furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included on this form and report or Supplemental Annual Report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or a bonded employee of the corporation and I am required by Chapter 620, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on a notification with an addition.

SIGNATURE:

Jeffrey J Vitale Jeffrey J Vitale

4/4/96

312-924-9600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)