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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # F96000006300 ✓
 1. Corporation Name
FACTORY CARD OUTLET OF AMERICA LTD., INC.



Principal Place of Business
2727 DIEHL ROAD
NAPERVILLE IL 60563
US

Mailing Address
2727 DIEHL ROAD
NAPERVILLE IL 60106-1212
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified
12/03/1996

4. FEI Number
36-3387269

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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CUMELLO, CHARLES R	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FRANCHI, GLEN J	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRAVIS, CAROL A	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	FREEMAN, WILLIAM E	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, J B	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT/CEO	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	STEWART KASEN	
1.3 STREET ADDRESS	2727 DIEHL RD	
1.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2727 DIEHL RD	
2.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2727 DIEHL RD	
3.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2727 DIEHL RD	
4.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	2727 DIEHL RD	
5.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Nana B. Kawan* NANA B. KAWAN, Vice President, Contractor 5/3/99 630-579-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)