

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 18, 2001 8:00 am**  
**Secretary of State**

05-18-2001 91572 019 \*\*\*150.00

**DOCUMENT # F97000006939**

1. Entity Name  
**AMERICAN LABELMARK COMPANY**

Principal Place of Business      Mailing Address  
 5724 N. PULASKI                      5724 N. PULASKI  
 CHICAGO IL 60646                      CHICAGO IL 60646

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.                      Suite, Apt. #, etc.

City & State                              City & State

Zip      Country                      Zip      Country

4. FEI Number **36-3484503**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)

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, 2001. 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	P	<input type="checkbox"/> Delete
NAME	CURTIS, DWIGHT	
STREET ADDRESS	5724 N. PULASKI	
CITY-ST-ZIP	CHICAGO IL 60646	
TITLE	COBC	<input type="checkbox"/> Delete
NAME	MOSTOW, GARY S	
STREET ADDRESS	181 N. CLARK STREET, SUITE 3100	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SCHOEN, ALAN	
STREET ADDRESS	5724 N. PULASKI	
CITY-ST-ZIP	CHICAGO IL 60646	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIS, DWIGHT	
STREET ADDRESS	5724 N. PULASKI	
CITY-ST-ZIP	CHICAGO IL 60646	
TITLE	D	<input type="checkbox"/> Delete
NAME	MC FARLAND, ROBERT	
STREET ADDRESS	5724 N. PULASKI	
CITY-ST-ZIP	CHICAGO IL 60646	
TITLE	D	<input type="checkbox"/> Delete
NAME	DANZIG, HAROLD	
STREET ADDRESS	5724 N. PULASKI	
CITY-ST-ZIP	CHICAGO IL 60646	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 fee empowered.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4/12/01**      Daytime Phone #: **773-478-0900**

CR2E034 (1/0100)