2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # F97000006939

1. Entity Name AMERICAN LABELMARK COMPANY

Principal Place of Business

5724 N. PULASKI CHICAGO, IL 60646 Mailing Address

5724 N. PULASKI CHICAGO, IL 60646

FILED

Apr 05, 2004 08:00 AM Secretary of State

03262004

No Chg-P

CR2E034 (10/03)

4. FEI Number 36-3484503

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Regulred

6. Name and Address of Current Registered Agent

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

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PLANTATION, FL 33324			IN THIS SPACE			
	named entity submits this statement for the plons of registered agent.	surpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered			Agent signature	e required when reinstaling)	DATE	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		Election Campaign Finan Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	U00000104155 04/05/04-80086-016 150.00	
10.	OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CURTIS, DWIGHT 5724 N. PUŁASKI CHICAGO, IL 60646				- —	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COBC MOSTOW, GARY S 161 N. CLARK STREET, SUITE 3100 CHICAGO, IL 60601					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST SCHOEN, ALAN ESS 5724 N. PULASKI CHICAGO, IL 60646			DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURTIS, DWIGHT 5724 N. PULASKI CHICAGO, IL 60646			IN .	THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP	D MCFARLAND, ROBERT ss 5724 N. PULASKI CHICAGO, \$L 80646					
NTLE NAME STREET ADDRESS CITY-ST-ZEP	D DANZIG, HAROLD 5724 N. PULASKI CHICAGO, IL 60646					
12. I hereby certify that the information supplied with this filling 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 cath, that I am an officer or director of the conception or the resolver or this true emovement to execute this report as required by Chapter 607, Florida Statutes; and that my came appears in Blook 10 or Block 11 if						

SIGNATURE: 4

THE AND TYPES ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daydime Phone #