


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

| | |
|---|--|
| DOCUMENT # F97000006939 1. Entity Name AMERICAN LABELMARK COMPANY |  |
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|---|---|
| Principal Place of Business 5724 N. PULASKI CHICAGO, IL 60646 | Mailing Address 5724 N. PULASKI CHICAGO, IL 60646 |
|---|---|



01052006 No Chg-P CR2E034 (11/05)

| | |
|---|---------------------------------------|
| 4. FEI Number 36-3484503 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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, 2006 Fee will be \$550.00**

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

000000388331
01/19/06-80074-016 150.00

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P CURTIS, DWIGHT 5724 N. PULASKI 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 5724 N. PULASKI CHICAGO, IL 60646 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CURTIS, DWIGHT 5724 N. PULASKI CHICAGO, IL 60646 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCFARLAND, ROBERT 5724 N. PULASKI CHICAGO, IL 60646 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DANZIG, HAROLD 5724 N. PULASKI CHICAGO, IL 60646 |

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **EDWARD KAPLAN** 1/5/06 773-279-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASSISTANT SECRETARY Daytime Phone #