

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000006939

FILED
Apr 23, 2008
Secretary of State

Entity Name: AMERICAN LABELMARK COMPANY

Current Principal Place of Business:

5724 N. PULASKI
CHICAGO, IL 60646

New Principal Place of Business:

Current Mailing Address:

5724 N. PULASKI
CHICAGO, IL 60646

New Mailing Address:

FEI Number: 36-3484503 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CURTIS, DWIGHT
Address: 5724 N. PULASKI
City-St-Zip: CHICAGO, IL 60646

Title: COBC () Delete
Name: MOSTOW, GARY S
Address: 5724 N PULASKI RD
City-St-Zip: CHICAGO, IL 60646

Title: ST () Delete
Name: SCHOEN, ALAN
Address: 5724 N. PULASKI
City-St-Zip: CHICAGO, IL 60646

Title: D () Delete
Name: CURTIS, DWIGHT
Address: 5724 N. PULASKI
City-St-Zip: CHICAGO, IL 60646

Title: D () Delete
Name: ED, KAPLAN
Address: 5724 N PULASKI RD
City-St-Zip: CHICAGO, IL 60646

Title: D () Delete
Name: DANZIG, HAROLD
Address: 5724 N. PULASKI
City-St-Zip: CHICAGO, IL 60646

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P D (X) Change () Addition
Name: CURTIS, DWIGHT
Address: 5724 N. PULASKI
City-St-Zip: CHICAGO, IL 60646

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: SCHOEN, ALAN
Address: 5724 N. PULASKI
City-St-Zip: CHICAGO, IL 60646

Title: D (X) Change () Addition
Name: MOSTOW, GARY
Address: 5724 N. PULASKI
City-St-Zip: CHICAGO, IL 60646

Title: AS (X) Change () Addition
Name: ED, KAPLAN
Address: 5724 N PULASKI RD
City-St-Zip: CHICAGO, IL 60646

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ED KAPLAN

AS

04/23/2008

Electronic Signature of Signing Officer or Director

Date