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Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **M80337** **(2)**

1. Corporation Name
INTERNATIONAL ACADEMY OF MERCHANDISING & DESIGN, INC.

Principal Place of Business	Mailing Address
5225 WEST MEMORIAL HWY. TAMPA FL 33634 US	5225 WEST MEMORIAL HWY. TAMPA FL 33634 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified: 05/11/1988	
21	26 2800 W. Higgins Road	4. FEI Number: 59-2887925	Applied For / Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Ste. 790	5. Certificate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28 Hoffman Estates, IL	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 60195 / Country 30 Cook	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	☒ DELETE	1.1 TITLE	President/Secretary	☒ Change ☐ Addition
NAME	STEIN, JR. C		1.2 NAME	John M. Larson	
STREET ADDRESS	74 E ELM ST		1.3 STREET ADDRESS	2800 W. Higgins Road, Ste. 790	
CITY-ST-ZIP	CHICAGO IL		1.4 CITY-ST-ZIP	Hoffman Estates, IL 60195	
TITLE	DV	☒ DELETE	2.1 TITLE	Vice President/Treasurer	☒ Change ☐ Addition
NAME	KING, THOMAS V.		2.2 NAME	William A. Klettke	
STREET ADDRESS	SEAY & THOMAS, INC. 19 S LASALLE ST, #601		2.3 STREET ADDRESS	2800 W. Higgins Road, Ste. 790	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	Hoffman Estates, IL 60195	
TITLE	DST	☒ DELETE	3.1 TITLE	Assistant Secretary	☒ Change ☐ Addition
NAME	RUTSTEIN, LEONARD D.		3.2 NAME	Robert Nachtsheim	
STREET ADDRESS	140 S DEARBORN ST. #800		3.3 STREET ADDRESS	2800 W. Higgins Road, Ste. 790	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	Hoffman Estates, IL 60195	
TITLE	P	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SANTORO, MICHAEL		4.2 NAME		
STREET ADDRESS	5225 MEMORIAL HWY.		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

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.

SIGNATURE: Robert Nachtsheim 2/4/98 847-781-3600