2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 30, 2000 8:00 am
Secretary of State
03-30-2000 90057 025 ***150.00

DOCUMENT # M80337

1. Entity Name

INTERNATIONAL ACADEMY OF MERCHANDISING & DESIGN,

Principal Place of Business	Mailing Address
5225 WEST MEMORIAL HWY. TAMPA FL 33634 US	2800 W HIGGINS RD STE 790 HOFFMAN ESTATES IL 60195-5248 US

DO NOT WRITE IN THIS SPACE

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 59-2887925 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD
City: PLANTATION FL Zip Code: 33324

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: [signature], Assistant Secretary, CT Corporation System 3/20/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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, 2000 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PS LARSON, JOHN M 2800 W HIGGINS RD, STE 790 HOFFMAN ESTATES IL 60195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P,D LARSON, JOHN M 2800 W. HIGGINS RD #790 HOFFMAN ESTATES, IL. 60195	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT KLETTKE, WILLIAM A 2800 W HIGGINS RD, STE 790 HOFFMAN ESTATES IL 60195	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP,S,T,D PATRICK DESCH 2800 W. HIGGINS RD, #790 HOFFMAN ESTATES, IL. 60195	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS NACHTSHEIM, ROBERT 2800 W HIGGINS RD, STE 790 HOFFMAN ESTATES IL 60195	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS JAMES MCELLHINEY 2800 W. HIGGINS RD #790 HOFFMAN ESTATES, IL. 60195	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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 like empowered.

SIGNATURE: [signature] ROBERT NACHTSHEIM 3-13-00 (630) 781-3600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #