

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 14 AM 10:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P11263 (1)

1. Corporation Name
SEMINOLE KRAFT CORPORATION

Principal Place of Business Mailing Address
**ATTN: BEV HARPOLD - LEGAL
150 N MICHIGAN AVE
CHICAGO IL 60601** **ATTN: BEV HARPOLD - LEGAL
150 N MICHIGAN AVE
CHICAGO IL 60601**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/28/1986	3a. Date of Last Report 03/29/1994
4. FEI Number 36-3464421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24 Country	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reappointing) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	STONE, ROGER W.
STREET ADDRESS	150 NORTH MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL
TITLE	VD
NAME	BROOKSTONE, ARNOLD F.
STREET ADDRESS	150 NORTH MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL
TITLE	TV
NAME	WHEELER, MICHAEL B.
STREET ADDRESS	150 NORTH MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL
TITLE	VD
NAME	STONE, ALAN
STREET ADDRESS	150 NORTH MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL
TITLE	SV
NAME	LEDERER, LESLIE T.
STREET ADDRESS	150 NORTH MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL
TITLE	V
NAME	HEIDER, JAMES B
STREET ADDRESS	150 N. MICHIGAN AVE.
CITY - ST - ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	V.P./Director
4.3 STREET ADDRESS	Morty Rosenkranz
4.4 CITY - ST - ZIP	150 N. Michigan Avenue Chicago, IL 60601-7568
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information included 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: _____ DATE: **4/4/95** TELEPHONE: **312/580-4852**
(Print Name) (Typed Name)
Leslie T. Lederer, V.P./Secretary