

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 01 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 # **P15408** (8)
1. Corporation Name
TRUSERV CORPORATION

Principal Place of Business 8800 W BRYN MAWR 8800 W. BRYN MAWR CHICAGO IL 60631 US	Mailing Address 8800 W BRYN MAWR CHICAGO IL 60631 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		25. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 07/30/1987	
4. FEI Number 36-2099896		Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		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 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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CLAYPOOL, WILLIAM	1.2 NAME	
STREET ADDRESS	8800 W BRYN MAWR	1.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	1.4 CITY - ST - ZIP	
TITLE	P ☒ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	COTTER, DANIEL A.	2.2 NAME	Pentz, Paul E.
STREET ADDRESS	8800 W BRYN MAWR	2.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	2.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BURNS, DANIEL T	3.2 NAME	
STREET ADDRESS	8800 W BRYN MAWR	3.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	3.4 CITY - ST - ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	SEMKUS, JOHN	4.2 NAME	
STREET ADDRESS	8800 W BRYN MAWR	4.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	4.4 CITY - ST - ZIP	
TITLE	VT ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	KIRBY, KERRY J.	5.2 NAME	
STREET ADDRESS	8800 W BRYN MAWR	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	5.4 CITY - ST - ZIP	
TITLE	AS ☒ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME	NAUER, DIANE	6.2 NAME	Sherwood, James M.
STREET ADDRESS	8800 W BRYN MAWR	6.3 STREET ADDRESS	8800 W. Bryn mawr
CITY - ST - ZIP	CHICAGO IL	6.4 CITY - ST - ZIP	Chicago, IL

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: *JAC James M. Sherwood* JAMES M. SHERWOOD 4/22/98 (773) 695-5000

CR2E034 (10/97)