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85 APR 26 AM 8:39

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

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



DOCUMENT # P18295 (6)

1. Corporation Name
FORT DEARBORN LITHOGRAPH CO.

Principal Place of Business
**6035 W. GROSS PT. RD.
MILES IL 60714
US**

Mailing Address
**6035 W. GROSS PT. RD.
MILES IL 60714
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21 []
Suite, Apt. #, etc. []

2a. Mailing Address
26 []
Suite, Apt. #, etc. []

22 []
City & State []

23 []
City & State []

24 [] Zip [] Country []
25 [] Zip [] Country []

3. Date Incorporated or Qualified
03/04/1988

3a. Date of Last Report
07/20/1994

4. FEI Number
36-1090930

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301**

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 **FL** []

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reselecting)

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ADLER, THOMAS W.
STREET ADDRESS 6035 W. GROSS POINT RD.
CITY-ST-ZIP CHICAGO IL

TITLE VTD
NAME ADLER, JEROME M.
STREET ADDRESS 6035 W. GROSS POINT RD.
CITY-ST-ZIP CHICAGO IL

TITLE SD
NAME ADLER, RICHARD J.
STREET ADDRESS 6035 W. GROSS POINT RD.
CITY-ST-ZIP CHICAGO IL

TITLE AS
NAME MOORHOUSE, JEFFREY B.
STREET ADDRESS 506 15TH STREET
CITY-ST-ZIP MOLINE IL

TITLE V
NAME LEVIN, HARVEY A.
STREET ADDRESS 506 15TH STREET
CITY-ST-ZIP MOLINE IL

TITLE AS
NAME ADLER, THOMAS J.
STREET ADDRESS 6035 W. GROSS POINT RD.
CITY-ST-ZIP CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME []

1.3 STREET ADDRESS []

1.4 CITY- ST-ZIP []

2.1 TITLE Change Addition

2.2 NAME []

2.3 STREET ADDRESS []

2.4 CITY- ST-ZIP []

3.1 TITLE Change Addition

3.2 NAME []

3.3 STREET ADDRESS []

3.4 CITY- ST-ZIP []

4.1 TITLE Change Addition

4.2 NAME []

4.3 STREET ADDRESS []

4.4 CITY- ST-ZIP []

5.1 TITLE Change Addition

5.2 NAME []

5.3 STREET ADDRESS []

5.4 CITY- ST-ZIP []

6.1 TITLE Change 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)(b), 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 its 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 in an alternate form with an address.

SIGNATURE: *[Signature]* **4/14/95** (312) 774-4321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Filing Fee \$)