

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

**FILED**  
**May 19 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION  
 ANNUAL REPORT  
**1997**



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

**DOCUMENT # P18295** (6)  
 1. Corporation Name  
**FORT DEARBORN LITHOGRAPH COMPANY** NC 11-25



Principal Place of Business Mailing Address  
**6035 W. GROSS PT. RD.**  
**NILES IL 60714**  
**US**

**6035 W. GROSS PT. RD.**  
**NILES IL 60714-4027**  
**US**

3. Date Incorporated or Qualified **03/04/1988** 3a. Date of Last Report **05/01/1996**  
 4. FEI Number **36-1090830** 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 has liability for intangible tax under s. 199.032, Florida Statutes  Yes  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 Country 28 Zip Country  
 24 25 29 30

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 **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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ADLER, THOMAS W. 6035 W. GROSS POINT RD. CHICAGO IL <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD ADLER, JEROME M. 6035 W. GROSS POINT RD. CHICAGO IL <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADLER, RICHARD J. 6035 W. GROSS POINT RD. CHICAGO IL <input type="checkbox"/> DELETE	3.1 TITLE <b>Pres, Dent</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MOORHOUSE, JEFFREY B. 506 15TH STREET MOLINE IL <input type="checkbox"/> DELETE	4.1 TITLE <b>800002198088</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME <b>-06/02/97--01115--022</b> 4.3 STREET ADDRESS <b>***165.00</b> 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVIN, HARVEY A. 506 15TH STREET MOLINE IL <input type="checkbox"/> DELETE	5.1 TITLE <b>OW</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ADLER, THOMAS J. 6035 W. GROSS POINT RD. CHICAGO IL <input type="checkbox"/> DELETE	6.1 TITLE <b>VP of Finance</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <b>Robert M. Dombro</b> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I do 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 M. Dombro* DATE: **5/1/97** (773) 774-4321

CR2E034 (9/96)