

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Apr 02 1997 8:00am  
Secretary of State

DOCUMENT # **F93000004082 (4)**

1. Corporation Name  
**RBG INTERNATIONAL, INC.**



Principal Place of Business

**154 WEST HUBBARD STREET  
SUITE 250  
CHICAGO IL 60610**

Mailing Address

**154 WEST HUBBARD STREET  
SUITE 250  
CHICAGO IL 60610-4523**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified

**09/08/1993**

3a. Date of Last Report

**04/16/1996**

4. FEI Number

**36-3872581**

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

10. Name and Address of New Registered Agent

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GOLDFINE, ROBERT S	
STREET ADDRESS	154 WEST HUBBARD STREET	
CITY- ST- ZIP	CHICAGO IL 60610	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BLOCK, BRUCE	
STREET ADDRESS	154 WEST HUBBARD STREET	
CITY- ST- ZIP	CHICAGO IL 60610	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ROSS, ROBERT	
STREET ADDRESS	154 WEST HUBBARD STREET	
CITY- ST- ZIP	CHICAGO IL 60610	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MOHR, BARBARA	
STREET ADDRESS	154 WEST HUBBARD STREET	
CITY- ST- ZIP	CHICAGO IL 60610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROSS, RENEE	
STREET ADDRESS	154 WEST HUBBARD STREET	
CITY- ST- ZIP	CHICAGO IL 60610	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLOCK, ARLENE	
STREET ADDRESS	154 WEST HUBBARD STREET	
CITY- ST- ZIP	CHICAGO IL 60610	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)