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**May 08 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 # P35428 (2)
1. Corporation Name
MARKET DAY CORPORATION



Principal Place of Business
**555 W PIERCE RD
SUITE 200
ITASCA IL 60143
US**

Mailing Address
**555 W PIERCE RD
SUITE 200
ITASCA IL 60143-2647
US**

3. Date Incorporated or Qualified
09/09/1991

3a. Date of Last Report
03/05/1996

4. FEI Number
36-3003419

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

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. 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**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PSD BUTLER, GREGORY J.**

STREET ADDRESS **555 W PIERCE RD SUITE 200**

CITY - ST - ZIP **ITASCA IL**

TITLE DELETE

NAME **V SIVAK, WILLIAM S JR**

STREET ADDRESS **555 W PIERCE RD SUITE 200**

CITY - ST - ZIP **ITASCA IL**

TITLE DELETE

NAME **VT TEMPLE, TRUDI R.**

STREET ADDRESS **555 W PIERCE RD SUITE 200**

CITY - ST - ZIP **ITASCA IL**

TITLE DELETE

NAME **D TEMPLE, TRUDI R.**

STREET ADDRESS **555 W PIERCE RD SUITE 200**

CITY - ST - ZIP **ITASCA IL**

TITLE DELETE

NAME **EV SEWARD, JOHN**

STREET ADDRESS **555 W PIERCE RD, STE 200**

CITY - ST - ZIP **ITASCA IL**

TITLE DELETE

NAME **EV MYSEL, AMY**

STREET ADDRESS **555 W PIERCE, STE 200**

CITY - ST - ZIP **ITASCA 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 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]* **William S Sivak Jr** Date: **4.25.97** Daytime Phone #: **(630) 285 1470**

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CIRE034 (9/96)