

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

FILED

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
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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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

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 of officer or director of corporation and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	<input type="checkbox"/> DELETE
NAME	BUTLER, GREGORY J.	
STREET ADDRESS	555 W PIERCE RD SUITE 200	
CITY - ST - ZIP	ITASCA IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SIVAK, WILLIAM S JR	
STREET ADDRESS	555 W PIERCE RD SUITE 200	
CITY - ST - ZIP	ITASCA IL	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	TEMPLE, TRUDI R.	
STREET ADDRESS	555 W PIERCE RD SUITE 200	
CITY - ST - ZIP	ITASCA IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TEMPLE, TRUDI R.	
STREET ADDRESS	555 W PIERCE RD SUITE 200	
CITY - ST - ZIP	ITASCA IL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	SEWARD, JOHN	
STREET ADDRESS	555 W PIERCE RD, STE 200	
CITY - ST - ZIP	ITASCA IL	
TITLE	EV	<input type="checkbox"/> DELETE
NAME	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	<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

William S. Sivak Jr.

4-25-97

Date

(630) 285 1470

Daytime Phone #

0481755

CR2E034 (9/96)