

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807355

1. Entity Name
ENESCO GROUP, INC.

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90142 040 ***150.00

Principal Place of Business

225 WINDSOR DRIVE
ITASCA IL 60143
US

Mailing Address

225 WINDSOR DRIVE
ITASCA IL 60143
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 04-1864170

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE D
NAME HUTSELL, J.A. ☒ Delete
STREET ADDRESS 775 SUMMIT AVE.
CITY-ST-ZIP DEERFIELD IL 60015

TITLE V
NAME KEIRSTEAD, ALLAN G. ☒ Delete
STREET ADDRESS 330 STARBOARD LN.
CITY-ST-ZIP OSTERVILLE FL 01040

TITLE V
NAME JOHNSON, PETER ☒ Delete
STREET ADDRESS 26 STONE RIDGE DR.
CITY-ST-ZIP S. BARRINGTON IL 60010

TITLE P
NAME HUTSELL, J.A. ☒ Delete
STREET ADDRESS 775 SUMMIT AVE.
CITY-ST-ZIP DEERFIELD IL 60015

TITLE V
NAME JOHNSON, PETER ☒ Delete
STREET ADDRESS 26 STONE RIDGE DR.
CITY-ST-ZIP SOUTH BARRINGTON IL 60010

TITLE T
NAME LEMASJEUR, J. ☐ Delete
STREET ADDRESS 9 EAST EAGLE ST.
CITY-ST-ZIP ARLINGTON HTS IL 60005

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Change ☒ Addition
NAME DALE MOLLE, D.
STREET ADDRESS 7719 OAK RIDGE CT.
CITY-ST-ZIP CRYSTAL LAKE, IL 60012

TITLE CFO ☐ Change ☒ Addition
NAME LEMAJEUR, J.
STREET ADDRESS 9 E. EMERSON ST.
CITY-ST-ZIP ARLINGTON HEIGHTS IL 60005

TITLE V ☐ Change ☒ Addition
NAME DUDEN, M.
STREET ADDRESS 223 IVY CT.
CITY-ST-ZIP STREAMWOOD, IL 60107

TITLE P ☐ Change ☒ Addition
NAME DALE MOLLE, D.
STREET ADDRESS 7719 OAK RIDGE CT.
CITY-ST-ZIP CRYSTAL LAKE, IL 60012

TITLE V ☐ Change ☒ Addition
NAME GOLDBERG, J.
STREET ADDRESS 584 KNOXWOOD.
CITY-ST-ZIP BUFFALO GROVE IL 60089

TITLE LEMAJEUR, J. ☒ Change ☐ Addition
NAME LEMAJEUR, J.
STREET ADDRESS 9 EAST EMERSON ST.
CITY-ST-ZIP ARLINGTON HEIGHTS, IL 60005

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jeffrey W. Lemajeur 4/11/01 630 875 5300

CR2E034 (10/00)