

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90241 013 ***150.00



DOCUMENT # 807355

1. Entity Name
ENESCO GROUP, INC.

Principal Place of Business: 225 WINDSOR DRIVE, ITASCA, IL 60143 US
 Mailing Address: 225 WINDSOR DRIVE, ITASCA, IL 60143 US

54035238

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Zip Country: Country

04072004 Chg-P CR2E034 (10/03)
 4. FEI Number: 04-1864170 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE: D <input type="checkbox"/> Delete	NAME: DALLEMOLLE, D
STREET ADDRESS: 7719 OAK RIDGE CT	CITY-ST-ZIP: CRYSTAL LAKE, IL 60012
TITLE: CFO <input checked="" type="checkbox"/> Delete	NAME: LEMAJEUR, J
STREET ADDRESS: 9 E EMERSON ST	CITY-ST-ZIP: ARLINGTON HEIGHTS, IL 60005
TITLE: V <input type="checkbox"/> Delete	NAME: DURDEN, M
STREET ADDRESS: 228 IVY CT	CITY-ST-ZIP: STREAMWOOD, IL 60107
TITLE: P <input type="checkbox"/> Delete	NAME: DALLEMOLLE, D
STREET ADDRESS: 7719 OAK RIDGE CT	CITY-ST-ZIP: CRYSTAL LAKE, IL 60012
TITLE: V <input type="checkbox"/> Delete	NAME: GOLDBERG, J
STREET ADDRESS: 884 KNOLLWOOD	CITY-ST-ZIP: BUFFALO GROVE, IL 60089
TITLE: T <input checked="" type="checkbox"/> Delete	NAME: LEMAJEUR, J
STREET ADDRESS: 9E EMERSON STREET	CITY-ST-ZIP: ARLINGTON HTS, IL 60005

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	NAME: T. BRADLEY
STREET ADDRESS: 225 WINDSOR DR	CITY-ST-ZIP: ITASCA IL 60143
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Add	NAME: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____
TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add	NAME: AT C. SANDERS
STREET ADDRESS: 225 WINDSOR DR.	CITY-ST-ZIP: ITASCA IL 60143

12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles E. Sanders* **CHARLES E SANDERS, ASSISTANT TREASURER 4/7/04**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #