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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 807970 1. Corporation Name

TOPCO ASSOCIATES INC. (COOPERATIVE)

Principal Place of Business
7711 GROSS POINT RD
SKOKIE ILLINOIS 60077

Mailing Address

7711 GROSS POINT RD SKOKIE ILLINOIS 60077

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90228 021 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

08/20/1949

							00/20/1040	
2. Principal P	lace of Business	2a	. Mailing Address				4. FEI Number Applied For	
26							36-2025892 Not Applicat	
Suite, Apt.	# etc	+==,	Suite, Apt. #, etc.				\$8.75 Additional	
	n, 5tc.	107	, , , , , , , , , , , , , , , , , , , ,				5. Certificate of Status Desired Fee Required	
Cit i 9 Ctot		27	City & State				\$5.00 M	
City & State	e	<u> </u>	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees	
23		28						
Zip	Country	-	<i>Z</i> ip		ıntry		8. This corporation owes the current year Intangible	
24	25	29		30			Personal Property Tax. ☐ Yes ☐ No	
	9. Name and Address of Current	Regi	stered Agent		<u> </u>		10. Name and Address of New Registered Agent	
					81	Name		
CT CORPORATION SYSTEM					93 Street Address (D.O. Bay Number is Not Accentable)			
1200 S. PINE ISLAND ROAD					82 Street Address (P.O. Box Number is Not Acceptable)			
PLAN	ITATION FL 33324				83			
					84	City	85 Zip Code	
					1 1	•	FL)) ·	
11. Pursuant	to the provisions of Sections 607.0502	and 6	07.1508, Florida Statut	es, the a	bove	named corp	rporation submits this statement for the purpose of changing its registere	
office or r	egistered agent, or both, in the State o	f Flori	da. Such change was a	uthonze	a by t	he corporati	tion's board of directors. I hereby accept the appointment as registered	
agent. I a	m familiar with, and accept the obligation	DIE 0	i, aecuon 607.0000, FIO	nua sia	ules.			
SIGNATURE		4 -1-1		B 11		70 	red when reinstating) DATE	
40	Signature, typed or printed name of registered agent			13.		signature require	ired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	OFFICERS AND	DIK					VP □ Change ☑ Add	
TITLE	P		☐ DELETE	1,1 T				
NAME	Rubow, Steve			1.2 N	AME	1 8	E. Russel Wolfe	
STREET ADDRESS	7711 GROSS POINT RD			1.3 S	TREET	ADORESS '	7711 Gross Point Road	
CITY-ST-ZIP	SKOKIE IL			140	ITY-ST	. ZIP	7711 Gross Point Road Skokie 1L	
TITLE .	VP		☐ DELETE	2.1 T			Ch (TM)	
	l ''					\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \	Michael Riceiardi	
NAME	LAUER, STEVE			I	IAME	'	To the bank	
STREET ADDRESS	l			2.3 5	TREET	ADDRESS 7	7711 Gross Point Road	
CITY-ST-ZIP	Skokie Il		/	2.40	CITY-ST	-ZIP	Skolice / C	
TITLE	VP		DELETE	3.1 T	ITLE		V. P. □ Change ☑ Add	
NAME	FRUH, JON		y	3.2 N	IAME	1 /	lan Grossman	
	TT44 ODOGO DOINT DD			230	TREET	ADDRESS -	134 By Port Dad	
STREET ADDRESS						7	7711, Gross Point Road Skokie 16.	
CITY-ST-ZIP	SKOKIE IL		O SELETE		CITY-ST	- ZIP	Skoke /C.	
TITLE	VP		☐ DELETE		ITLE	V	7. P	
NAME	GUY, KEN			4. 2	VAME	1	and Snelgrove ,	
STREET ADDRESS	7711 GROSS POINT RD			4.3 5	TREET	ADDRESS	and Snelgrove 7711 ans Point Road	
CITY-ST-ZIP	SKOKIE IL			4.4 (ITY-ST	II	skokie 11.	
TITLE	VP		☐ DELETE	5.11		T L	V. P □ Change □ Add	
	MAZUR, DAN		_		AME	Z	Tred Tsuhana	
NAME	THE ODOGO DOINT DOAD					ADDRESS	22,50 1.1 Wineral Wine	
STREET ADDRESS	l					ADDRESS 5	3300 W. Mineral King Visalia, CA 93291	
CITY-ST-ZIP	SKOKIE IL				ITY-ST	-ZIP	Visaua, CA 73291	
TITLE	VP		☐ DELETE	6.17	ΠŁΕ		☐ Change ☐ Add	
NAME	FICKS, RONALD			6.2 N	AME.			
	7711 GROSS POINT ROAD			6.3 \$	TREET	ADDRESS		
	I -			- 1	TZ-YT			
CITY-ST-ZIP	SKOKIE IL		00				Casting 440 07(2)(i) Florida Statutes further contide that the information	
14. I hereby	certify that the information supplied with	this:	ning does not qualify for	r the exe	emptic	on stated in	Section 119.07(3)(i), Florida Statutes. I further certify that the information use shall have the same legal effect as if made under path; that I am an	

indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as it made under earn; that I am all 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, with all other like empowered.

Daytime Phone #