FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am **DOCUMENT # 809245** Secretary of State VIENNA SAUSAGE MANUFACTURING COMPANY 05-03-2001 90945 039 ***150.00 Principal Place of Business Mailing Address 2501 N DAMEN AVE 2501 N DAMEN AVE 191111 CHICAGO IL 60647 CHICAGO IL 60647 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-1913290 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition CR2E034 (10/00) ☐ Delete TITLE TITLE **BODMAN, JAMES W** NAME NAME 2501 N DAMEN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City- St-7IP CHICAGO IL ☐ Change Addition ☐ Delete TITLE TITLE WILSON, DENNIS NAME NAME 2051 N DAMEN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7IP CHICAGO IL ☐ Change Addition TITLE Delete TITLE BODMAN, RHONDA NAME NAME . STREET ADDRESS 2501 N DAMEN AVE STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BODMAN, JANE W NAME NAME 2501 N DAMEN AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL **VPCF** ☐ Change TITLE Delete TITLE Addition HOFFMAN, DAVID W NAME NAME STREET ADDRESS 2501 N DAMEN AVE STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP CCBD TITLE ☐ Delete TITLE ☐ Change Addition EISENBERG, JAMES NAME NAME STREET ADDRESS 2501 N DAMEN AVE STREET ADDRESS CITY-ST-ZIP CHICAGO IL CITY-ST-ZIP 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 application.

SIGNATURE:

SNATURE AND TYRED OR BRINTEY NAME OF SIGNING OFFICER OR DIRECTOR

April 2x 2001 (773)278-7962