

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Tallahassee, FL 32399
Secretary of State
TALLAHASSEE, FLORIDA 32399

**APPROVED
AND
FILED**

95 MAY -1 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 822746 (4)
WALLY FINDLAY GALLERIES INTERNATIONAL, INC.

(Do Not Write in This Space)

1. Principal Place of Business 814 N. MICHIGAN AVENUE CHICAGO IL 60611		2a. Mailing Address 814 N. MICHIGAN AVENUE CHICAGO IL 60611		3. Date of Registration or Qualification 05/02/1969	3a. Date of Last Report 05/01/1994
2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 36-2424351		Applied For Not Applicable	
State Apt. # etc. 22	State Apt. # etc. 27	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
City 24	City 25	City 29	City 30	6. This corporation files annually for intangible tax under § 190.042, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

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

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DP FINDLAY JR., WALSTEIN C. 814 N. MICHIGAN AVENUE CHICAGO IL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD KAROFF, SIMONE 814 N. MICHIGAN AVENUE CHICAGO IL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD SQUIRES, VERNON 814 N. MICHIGAN AVE CHICAGO IL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DT RYAN, ROBERT W. 814 N. MICHIGAN AVENUE CHICAGO IL	1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP		9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished, and does not qualify for the exemption stated in Section 191.07, Florida Statutes. I further certify that the information included 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 manager of the corporation empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, c. Block 1, if changed, or on an attachment with an address.

SIGNATURE:

Robert W. Ryan
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

April 21, 1995 312/649-1500