

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthant  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 828260 (0)

1. Corporation Name  
**COSMIC ENTERPRISES, INC.**



Principal Place of Business: 225 N MICHIGAN AVE CHICAGO IL 60601  
Mailing Address: 225 N MICHIGAN AVE CHICAGO IL 60601

3. Date Incorporated or Qualified: 07/10/1972  
3a. Date of Last Report: 03/07/1995

2. Principal Place of Business: 21  
22. Suite, Apt. #, etc.  
23. City & State: CHICAGO IL  
24. Zip: 60601  
25. Country: USA  
26. Mailing Address: 225 N. MICHIGAN AVE.  
27. Suite, Apt. #, etc.: ATTN: E. ROMONOFSKY  
28. City & State: CHICAGO IL  
29. Zip: 60601  
30. Country: USA

4. FEI Number: 36-2735452  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
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 607.0522 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: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: VPD NAME: BARCLAY, LEE R. STREET ADDRESS: 225 N MICHIGAN AVE CITY-ST-ZIP: CHICAGO IL	<input type="checkbox"/> DELETE	1. TITLE: V.P. TREASURER, ASST. SELY., 2. NAME: DIRECTOR 3. STREET ADDRESS: 4. CITY-ST-ZIP:
TITLE: PD NAME: MOORE, JOHN R. STREET ADDRESS: 225 N MICHIGAN AVE CITY-ST-ZIP: CHICAGO IL	<input type="checkbox"/> DELETE	5. TITLE: 6. NAME: 7. STREET ADDRESS: 8. CITY-ST-ZIP:
TITLE: VP NAME: RICHARDS, RUSSELL J. STREET ADDRESS: 225 N MICHIGAN AVE CITY-ST-ZIP: CHICAGO IL	<input checked="" type="checkbox"/> DELETE	9. TITLE: V.P. 10. NAME: RICHARD W. KRANT, JR. 11. STREET ADDRESS: 225 N. MICHIGAN AVE. 12. CITY-ST-ZIP: CHICAGO, IL 60601
TITLE: SD NAME: BAILEY, ROBERT M. STREET ADDRESS: 225 N MICHIGAN AVE CITY-ST-ZIP: CHICAGO IL	<input checked="" type="checkbox"/> DELETE	13. TITLE: SELY + DIRECTOR 14. NAME: ROBERT H. SORENSEN 15. STREET ADDRESS: 225 N. MICHIGAN AVE. 16. CITY-ST-ZIP: CHICAGO IL 60601
TITLE: V NAME: JONES, MARK STREET ADDRESS: 225 N. MICHIGAN AVE. CITY-ST-ZIP: CHICAGO IL	<input type="checkbox"/> DELETE	17. TITLE: V.P. 18. NAME: 19. STREET ADDRESS: 20. CITY-ST-ZIP:
TITLE: T NAME: GRELL, EDWIN A STREET ADDRESS: 225 N MICHIGAN AVENUE CITY-ST-ZIP: CHICAGO IL	<input type="checkbox"/> DELETE	21. TITLE: ASST. TREASURER 22. NAME: 23. STREET ADDRESS: 24. CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated 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 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 that block or an attachment with an address.

SIGNATURE: \_\_\_\_\_ SECRETARY 4-15-96 312-565-7500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)