

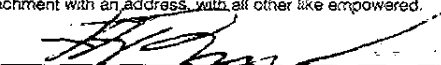


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 24, 2004 08:00 AM
Secretary of State

DOCUMENT # 830768			
1. Entity Name COLEMAN FLOOR COMPANY			
Principal Place of Business C/O CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324 US		Mailing Address 3100 TOLLVIEW DRIVE ROLLING MEADOWS, IL 60008	
DO NOT WRITE IN THIS SPACE			
		 02182004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 36-2605373	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fees Required
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U00000064549 02/24/04-60016-023 158.75	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLEMAN, THOMAS D 930 FOREST GLEN WINNETKA, IL 60093		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KESSLER, ALAN J 17 CORNELL DR LINCOLNSHIRE, IL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHITE, CHRISTOPHER 247 W. 87TH, APT 18F NEW YORK, NY 10024		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KESSLER, ALAN J 17 CORNELL DR. LINCOLNSHIRE, IL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		2-18-04 847-259-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	