4/24/95 $4183 C

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CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 10:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **833070** **(6)**

1. Corporation Name
SEAFORD CLOTHING CO.

Principal Place of Business	Mailing Address
2013 FIFTH AVENUE 110 NORTH MAGNOLIA STREET ROCK ISLAND IL 61201 US	101 N WACKER DRIVE % HARTMARX CORP. CHICAGO IL 60606-7369 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/20/1974
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21 101 N. Wacker Dr.	2a. Mailing Address 26	4. FEI Number 36-1692913	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22 c/o Hartmarx Corp.	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23 Chicago, IL	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country 24 60606 25 U.S.A.	Zip / Country 29 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE		☐ Change ☐ Addition
NAME	RUECKEL, WALLACE L	1.2 NAME		
STREET ADDRESS	101 N WACKER DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE	S	☒ Change ☐ Addition
NAME	STEIN, CAREY M.	2.2 NAME	Proczko, Taras R.	
STREET ADDRESS	101 N. WACKER DR	2.3 STREET ADDRESS	101 N. Wacker Dr.	
CITY-ST-ZIP	CHICAGO IL	2.4 CITY-ST-ZIP	Chicago, IL	
TITLE	PD	3.1 TITLE		☐ Change ☐ Addition
NAME	HAND, E.O.	3.2 NAME		
STREET ADDRESS	101 N WACKER DR	3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	3.4 CITY-ST-ZIP		
TITLE	AT	4.1 TITLE		☐ Change ☐ Addition
NAME	MORGAN, GLENN R.	4.2 NAME		
STREET ADDRESS	101 N. WACKER DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	4.4 CITY-ST-ZIP		
TITLE	T	5.1 TITLE	T	☒ Change ☐ Addition
NAME	CONDON, JAMES E	5.2 NAME	Davison, Steven R.	
STREET ADDRESS	101 N WACKER DR	5.3 STREET ADDRESS	101 N. Wacker Dr.	
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP	Chicago, IL	
TITLE	AT	6.1 TITLE	AT/D	☒ Change ☐ Addition
NAME	DAVISON, STEVEN R	6.2 NAME	Allen, Mary D.	
STREET ADDRESS	101 N WACKER DR	6.3 STREET ADDRESS	101 N. Wacker Dr.	
CITY-ST-ZIP	CHICAGO IL	6.4 CITY-ST-ZIP	Chicago, IL	

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)(i), 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 changed, or on an attachment with an address.

SIGNATURE: _____ Secretary 4/18/95 312 357-5321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

Taras R. Proczko

0396480 CP