


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # 833070		
1. Entity Name SEAFORD CLOTHING CO.		
Principal Place of Business 101 NORTH WACKER DRIVE % HARTMARX CORP CHICAGO, IL 60606 US	Mailing Address 101 N WACKER DRIVE % HARTMARX CORP. CHICAGO, IL 60606-7389 US	



04192007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-1692913	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent UNITED STATES CORPORATION COMPANY 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301
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**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 _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

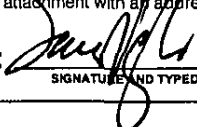
9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, GLENN R. 101 N WACKER DR CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROCZKO, TARAS R. 101 N. WACKER DR CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BIEGEL, RICHARD L 101 N WACKER DR. CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JUNE M. 101 N. WACKER DRIVE CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ZAHN, ANDREW A 101 N WACKER DR CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/15/07-80046-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **Taras R. Proczo, Secretary, 4/20/07 312-357-5321**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #