

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90016 035 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **842304**

1. Corporation Name  
**PYA/MONARCH, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 % SARA LEE CORP. TAX DEPT.  
 THREE FIRST NATIONAL PLAZA  
 CHICAGO IL 60602

Mailing Address  
 % SARA LEE CORP. TAX DEPT.  
 THREE FIRST NATIONAL PLAZA  
 CHICAGO IL 60602

3. Date Incorporated or Qualified

**12/29/1978**

4. FEI Number

**36-2998724**

Applied For  
 Not Applicable

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P**  DELETE  
 NAME **PEARCE, WILLIAM M**  
 STREET ADDRESS **80 INTERNATIONAL DR**  
 CITY-ST-ZIP **GREENVILLE SC**

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

TITLE **V**  DELETE  
 NAME **MEIER, DONALD L.**  
 STREET ADDRESS **THREE FIRST NATL PLAZA**  
 CITY-ST-ZIP **CHICAGO IL**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

TITLE **VP**  DELETE  
 NAME **KELLY, JANET**  
 STREET ADDRESS **THREE FIRST NATIONAL PLAZA**  
 CITY-ST-ZIP **CHICAGO IL**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

TITLE **VAS**  DELETE  
 NAME **PALMORE, RODERICK**  
 STREET ADDRESS **THREE FIRST NATIONAL PLAZA**  
 CITY-ST-ZIP **CHICAGO IL**

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

TITLE **AS**  DELETE  
 NAME **HAHN, JAMES**  
 STREET ADDRESS **THREE FIRST NATIONAL PLAZA**  
 CITY-ST-ZIP **CHICAGO IL**

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

TITLE **AS**  DELETE  
 NAME **VETTER, LINDA M**  
 STREET ADDRESS **THREE FIRST NATIONAL PLAZA**  
 CITY-ST-ZIP **CHICAGO IL 60602**

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY-ST-ZIP

*Therese Carr*  
*Three First National Plaza*  
*Chicago, IL 60602*

14. 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 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, with all other like empowered.

SIGNATURE:

*Therese Carr*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1.11.99**

Date

**312.726.2600**

Daytime Phone #

CR2E034 (1/98)