

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 851822

1. Entity Name
STOCKING SPECIALISTS, INC.



Principal Place of Business

**125 SOUTH FRANKLIN ST.
CHICAGO, IL 60606**

Mailing Address

**125 SOUTH FRANKLIN ST.
CHICAGO, IL 60606**



04212004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
94-2235377

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee 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

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, 2004 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
**P
LORIMER, MICHAEL C
125 SOUTH FRANKLIN ST.
CHICAGO, IL 606064679**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
DURAVA, ROBERT A
125 S FRANKLIN ST.
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
TORREY, SUZANNE K
125 S. FRANKLIN ST.
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ASAT
CAIN, JOHN W
125 S FRANKLIN ST
CHICAGO, IL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
FLEMING, RICHARD H
125 SOUTH FRANKLIN ST.
CHICAGO, IL 60606**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000155368
05/05/04-80034-007 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04

Date

312-606-4000

Daytime Phone #