FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 AM 9:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **852416** **(7)**

1. Corporation Name
CHILPUB, INC.

Principal Place of Business	Mailing Address
200 SOUTH WACKER DRIVE SUITE 700 CHICAGO IL 60606-2802	200 SOUTH WACKER DRIVE SUITE 700 CHICAGO IL 60606-2802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
04/01/1982	10/10/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / County 24 / 25	Zip / County 29 / 30

4. FEI Number: 36-3111509 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	GAUVREAU, PAUL R.	12 NAME	
STREET ADDRESS	200 S WACKER DR	13 STREET ADDRESS	
CITY, ST, ZIP	CHICAGO IL	14 CITY, ST, ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	RICE, HAROLD E.	22 NAME	
STREET ADDRESS	26802 SR 54 W.	23 STREET ADDRESS	
CITY, ST, ZIP	WESLEY CHAPEL FL	24 CITY, ST, ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	HARRIS, KING	32 NAME	
STREET ADDRESS	200 S WACKER DR	33 STREET ADDRESS	
CITY, ST, ZIP	CHICAGO IL	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HARRIS, NEISON	42 NAME	
STREET ADDRESS	333 SKOKIE BLVD #114	43 STREET ADDRESS	
CITY, ST, ZIP	NORTHBROOK IL	44 CITY, ST, ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	MARINO, SAL F	52 NAME	
STREET ADDRESS	1100 SUPERIOR AVE	53 STREET ADDRESS	
CITY, ST, ZIP	CLEVELAND OH	54 CITY, ST, ZIP	
TITLE	S	61 TITLE	☐ Change ☐ Addition
NAME	ZERMUEHLEN, WILLIAM A.	62 NAME	
STREET ADDRESS	200 S. WALKER DR.	63 STREET ADDRESS	
CITY, ST, ZIP	CHICAGO IL	64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this report is willingly 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 above, or on an attachment with an address.

SIGNATURE: _____ 4/28/95 312/831-1070
SIGNATURE AND TITLE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — (Daytime Phone)
WM. A. ZERMUEHLEN, ASST SECTY

0466150 FP