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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90014 035 ***150.00

DOCUMENT # 852416

1. Corporation Name
CHILPUB, INC.



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

Mailing Address
**200 SOUTH WACKER DRIVE
SUITE 700
CHICAGO IL 60606-2802**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

04/01/1982

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD GAUVREAU, PAUL R.**
STREET ADDRESS **200 S WACKER DR**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ DELETE
NAME **VT RICE, HAROLD E.**
STREET ADDRESS **26802 SR 54 W.**
CITY-ST-ZIP **WESLEY CHAPEL FL**

TITLE ☐ DELETE
NAME **D HARRIS, KING**
STREET ADDRESS **200 S WACKER DR**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ DELETE
NAME **D HARRIS, NEISON**
STREET ADDRESS **333 SKOKIE BLVD #114**
CITY-ST-ZIP **NORTHBROOK IL**

TITLE ☐ DELETE
NAME **D SCHWARTZ, EDWARD**
STREET ADDRESS **200 S WALKER DR**
CITY-ST-ZIP **CHICAGO IL**

TITLE ☐ DELETE
NAME **S ZERMUEHLEN, WILLIAM A.**
STREET ADDRESS **200 S WACKER DR**
CITY-ST-ZIP **CHICAGO IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

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

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

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS **200 S. WACKER**
5.4 CITY-ST-ZIP

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

14. 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 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 or without other like empowered.

SIGNATURE:

WILLIAM A. ZERMUEHLEN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

312-831-1070

CR2E034 (11/98)