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Mar 16, 1999 8:00 am  
Secretary of State

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # 853298

1. Corporation Name

AMERICAN DELIVERY SERVICE COMPANY



Principal Place of Business

32 LOCKERMAN SQUARE  
L100  
DOVER DE 19901  
US

Mailing Address

% TAX ACCTG 7-3  
PAYROLL TAX 8-3  
CHICAGO IL 60671  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1982

4. FEI Number

36-3084291

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

21 Suite, Apt. #, etc.

22 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.  
110 NORTH MAGNOLIA STREET  
TALLAHASSEE FL 32301

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 S ☐ DELETE

NAME DELK, PHILIP D  
STREET ADDRESS MONTGOMERY WARD PLAZA  
CITY-ST-ZIP CHICAGO IL

TITLE PD ☐ DELETE

NAME DORGER, JR. C  
STREET ADDRESS 200 S FRONTAGE RD  
CITY-ST-ZIP BURR RIDGE IL 60521

TITLE D ☐ DELETE

NAME PAUP, THOMAS  
STREET ADDRESS MONTGOMERY WARD PLAZA  
CITY-ST-ZIP CHICAGO IL 60671

TITLE AS ☒ DELETE

NAME STANISZEWSKI, DONALD  
STREET ADDRESS 200 S FRONTAGE  
CITY-ST-ZIP BURR RIDGE IL

TITLE D ☐ DELETE

NAME CIVGIN, DON  
STREET ADDRESS MONTGOMERY WARD PLAZA  
CITY-ST-ZIP CHICAGO IL 60671

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP, S, and AT ☐ 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 AS ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE VP & D ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

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 all other like empowered.

SIGNATURE: *Philip D. Delk* Philip D. Delk VP, Secy & Asst. Treasurer

03/11/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(312) 467-4914

CR2E034 (11/98)