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Apr 02 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 854487 (6)

1. Corporation Name  
ROSEMONT PURCHASING COMPANY

Principal Place of Business  
200 WEST MADISON STREET  
41ST FLOOR  
CHICAGO IL 60606

Mailing Address  
200 WEST MADISON STREET  
41ST FLOOR  
CHICAGO IL 60606-3414



3. Date Incorporated or Qualified 10/25/1982  
3a. Date of Last Report 04/24/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For  
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

36-3027843

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

24

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYES ST  
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	PD	<input type="checkbox"/> DELETE
NAME	PRITZKER, THOMAS J.	
STREET ADDRESS	200 W MADISON	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	HANDELSMAN, HAROLD S.	
STREET ADDRESS	200 W MADISON	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	POSNER, KENNETH R.	
STREET ADDRESS	200 W MADISON	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LOCKE, NEIL	
STREET ADDRESS	200 W MADISON	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BORG, FRANK	
STREET ADDRESS	200 W MADISON	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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.

Kenneth R. Posner

VP & Treasurer

SIGNATURE: *Kenneth R. Posner*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/25/97

(312) 750-1234

Date

Daytime Phone #

CR2E034 (9/96)