FILE NOW: FILING FEE AFTER MAY 1ST IS \$550,00

FILED May 13, 1999 8:00 am Secretary of State **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS 05-13-1999 90012 036 ***150.00 **DOCUMENT** # 855332 (3) 1. Corporation Name STEINER COMPANY, INC. Principal Place of Business Mailing Address 1 EAST SUPERIOR ST P O BOX 2317 CHICAGO, IL 60611-2507 SALT LAKE CITY UT 84110 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 01/25/1983 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 87-0384532 Not Applicable 26 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be 6. Election Campaign Financing City & State City & State Trust Fund Contribution Added to Fees 28 23 Country Zip Country This corporation owes the current year Intangible Personal Zio X No Yes Property Tax. 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 82 Street Address (P.O. Box Number is Not Acceptable) C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, 13. Change Addition TITLE DELETE 1.1 TITLE NAME GUY MARCHESI 12 NAME 1.3 STREET ADDRESS STREET ADDRESS 1 EAST SUPERIOR ST CITY - ST - ZIP CHICAGO IL 60611 1.4 CITY - ST - ZIP DELETE Addition 2.1 TITLE Change TITLE V/D 2.2 NAME NAME GREG FACHET STREET ADDRESS 1 EAST SUPERIOR ST 2.3 STREET ADDRESS CITY - ST - ZIP CHICAGO IL 60611 2.4 CITY - ST - ZIP X Addition X DELETE Change TITLE 3.1 TITLE S/D NAME MARK TRUXAL 3.2 NAME RICHARD MUFFON 3.3 STREET ADDRESS 1 EAST SUPERIOR ST STREET ADDRESS 1 EAST SUPERIOR ST CHICAGO IL 60611 3.4 CITY - ST - ZIP CHICAGO IL 60611 CITY - ST - ZIP DELETE 4.1 TITLE Change Addition TITLE AS/D 4.2 NAME NAME WALTER PIECEWICZ STREET ADDRESS 200 E RANDOLPH STE 7300 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP CHICAGO IL 60601 DELETE 5.1 TITLE Change Addition TITLE AS NAME ROBERT D PAGE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 505 E SOUTH TEMPLE SALT LAKE CITY, UT 84102 5.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE

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 angual 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.

6.2 NAME

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

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SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99

801/328-8831

Daytime Phone #

NAME STREET ADDRESS

CITY - ST - ZIP