
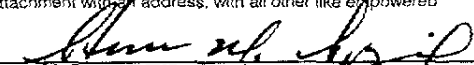


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F03000002812			
1. Entity Name FORKLESS GOURMET, INC.			
Principal Place of Business 10 SOUTH RIVERSIDE PLAZA, SUITE 1800 CHICAGO, IL 60606		Mailing Address 10 SOUTH RIVERSIDE PLAZA, SUITE 1800 CHICAGO, IL 60606	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 36-4385871		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		FL	Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____		DATE _____	
Signature, typed or printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)	
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAHL, GREGORY I	NAME	
STREET ADDRESS	10 SOUTH RIVERSIDE PLAZA, SUITE 1800	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	07/12/04-80011-020 150.00
TITLE	DPVTS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPIEGEL, STEVEN M	NAME	
STREET ADDRESS	10 SOUTH RIVERSIDE PLAZA, SUITE 1800	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, CHRISTOPHER A	NAME	
STREET ADDRESS	10 SOUTH RIVERSIDE PLAZA, SUITE 1800	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORRES, JONNA KATE	NAME	
STREET ADDRESS	10 SOUTH RIVERSIDE PLAZA, SUITE 1800	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESNER, BLAINE F	NAME	
STREET ADDRESS	10 SOUTH RIVERSIDE PLAZA, SUITE 1800	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO, IL 60606	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		7/7/04 312.474.5757	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Telephone #	