FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 AM 11:41

DOCUMENT # F92000000393 (0)

1. Corporation Name
AUNT MARY'S YARNS AND CRAFTS, INC.

Principal Place of Business	Mailing Address
150 AVENUE E ROCHELLE IL 61068-1002	150 AVENUE E ROCHELLE IL 61068-1002

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/23/1992
3a. Date of Last Report: 04/25/1994
4. FEI Number: 36-0875210 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

THE PRETNICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSSEE 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 mail/ship) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~P~~	11 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	ANDERSON, JEFFEREY D	12 NAME	ALEC KAPLANES
STREET ADDRESS	150 AVENUE E	13 STREET ADDRESS	150 AVENUE E
CITY-ST-ZIP	ROCHELLE IL 61068-1002	14 CITY-ST-ZIP	ROCHELLE IL 61068-1002
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	ATLAS, GUS J.	22 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	24 CITY-ST-ZIP	
TITLE	AS	31 TITLE	☐ Change ☐ Addition
NAME	YONKER, KARI	32 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA, STE 1100	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HALL, WILLIAM K	42 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, SHELI Z	52 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	ZELL, SAMUEL Z	62 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added on this report with an address.

SIGNATURE: Alec Kaplanes 2/9/95 415-562-4121
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone

0400900 FN