SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

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**

3. Date Incorporated or Qualified: **11/23/1992**	3a. Date of Last Report: **02/13/1995**
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 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-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 _____ DATE _____
Signature of new Registered Agent or President of New Registered Agent (NOTE: Registered Agent signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	KAPLANES, ALEC		1.2 NAME	
STREET ADDRESS	150 AVENUE E		1.3 STREET ADDRESS	
CITY-ST-ZIP	ROCHELLE IL		1.4 CITY-ST-ZIP	
TITLE	VPS	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ATLAS, GUS J.		2.2 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA		2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		2.4 CITY-ST-ZIP	
TITLE	AS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	YONKER, KARI		3.2 NAME	
STREET ADDRESS	2 N. RIVERSIDE PLAZA, STE 1100		3.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HALL, WILLIAM K		4.2 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA		4.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, SHELI Z		5.2 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA		5.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	ZELL, SAMUEL Z		6.2 NAME	
STREET ADDRESS	TWO NORTH RIVERSIDE PLAZA		6.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60606		6.4 CITY-ST-ZIP	

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gus J. Athos Gus J. Athos V.P. & Secretary 6/21/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0191085 FN