## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

DIVISION OF CORPORATIONS F93000002408 (3)

DOCUMENT # UNITED BUYING SERVICE. INC.

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								ADDIN ODNIK BOKAN ARDER ONDER ODLOG FORU FORU
Pri	incipal Place of Business		Mailing Address					
	39 S. MILWAUKEE AVE WHEELING IL 60090							
	THE COMPANY OF THE COMPANY	Country 25 9. Name and Address of Curren N, MURRAY W. 18TH ST				3. Date Incorporated or Qualified 05/12/1993	04/04/1995	
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number 36-2646567	Applied For Not Applicable		
21	Suite, Apt. #, etc.		Suite, Apt. #, et	lc.		··	S. Certificate of Status Desireo	S8.75 Additional Fee Required
22	City & State		City & State				Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
23	Zip	· ·	Zφ	<b>├</b> ─┐	Country		Florida Statutes X Yes	□ No
24		[25]		7001			10. Name and Address of New R	egistered Agent
	9. Nam	e and Address of Cur	Telli Hegistered Agent		81	Name		l
	Zip Country Zip Cou	82	Street A	ddress (P.O. Box Number is Not Acceptab	le)			
	10401 S.W. 18TI DAVIE FL 33324	H ST			83			
				3. Date Incorporated or Qualified 05/12/1993 04/04/1995  Mailing Address 4. FEI Number 36-2646567 Applied For Not Applied For Not Applicable  Suite, Apt. #, etc. 5. Certificate of Status Desireo Fee Required  Trust Fund Contribution Added to Fees  Zip Country 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes 7 Yes No  ared Agent 8. Name 82 Street Address (P.O. Box Number is Not Acceptable)  83				
-  -	<ol> <li>Pursuant to the provior registered agent, of familiar with, and according to the provious statement of the pr</li></ol>	isions of Sections 607.0 or both, in the State of I sept the obligations of, 9	1502 and 607.1508, Florida Florida. Such change was a Section 607.0505, Florida S	Statutes, the uthorized by tatutes.	e above-r the corp	named co oration's	rporation submits this statement for the pur board of directors. I hereby accept the app	pose of changing its registered office orintment as registered agent. I am
1	SIGNATURE		spect and fitte it applicable	(NOTE: Be	gistered Age	nt signature re	equired when reinstating!	
Signature, typod or printed harne of registered agent and interest, typod or printed harne of registered agent and interest.					ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
	12.	OFFICERO		TE	1. 1 TITLE			☐ Change ☐ Addition

familiar with	, and accept the obligations of, Section 60/	.0505, Florida Statuti	15.				
SIGNATURE	ignature, typod or printed name of registered agent and title	Lappi cable	NOTE: Registered Agent signature required	d when reinstaling) DAT		DQ IN 12	
12.	OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	CP	DELETE	1. 1 TITLE		☐ Criange		
NAME	HALPERIN, NEAL H		1.2 NAME				
STREET ADDRESS	39 S. MILWAUKEE AVE		1.3 STREET ADDRESS				
	WHEELING IL 60090		1.4 CITY - ST - ZIP		Change	Addition	
CITY - ST - ZIP TITLE	DST	☐ DELETE	2 1 TITLE		[ ] Grange	[	
NAME	PINKERT, EVE		2.2 NAME				
STREET ADDRESS	39 S. MILWAUKEE AVE		2 3 STREET ADDRESS				
Į.	WHEELING IL		2 4 CITY - ST - ZIP	-	Change	Addition	
CITY-ST-ZIP TITLE	11110223114	DELETÉ	3. 1 TITLE		☐ Change		
NAME			3 2 NAME				
			3.3 STREET ADDRESS				
STREET ADDRESS			3.4 CITY-ST-ZIP		Change	☐ Addition	
CITY-ST-ZIP TILE		DELETE	4 1 TITLE		☐ Change	☐ Modified	
			4.2 NAME	600001793	846		
NAME			4.3 STREET ADDRESS	600001799 -04/25/9601016-	-005		
STREET ADDRESS			4.4 CITY - ST - ZIP	***200.00		Addition	
CITY-ST-ZIP		DELETE	5 1 TITLE		Change	[] жайчын	
TIFLE			5 2 NAME				
NAME OXBIEL LEDGEOR			5.3 STREET ADDRESS				
STREET ADDRESS			5.4 CITY-ST-ZIP		[ ] Chann	☐ Addition	
CITY - ST - ZIP		DELETE	6 1 TITLE		Change	L Addition	
TITLE			6.2 NAME		$\sim$	bo	
NAME			6.3 STREET ADDRESS		ľ	\·F`	
STREET ADDRESS			6.4 CITY-ST-ZIP			•	
CiTY-ST-ZiP	CITY-SI-ZIP 6.1 CITY-SI-ZIP 6.						

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 certify 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

ME OF SIGNING OFFICER OF DIRECTOR

3-6-96 708-215-7000