

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F93000003478 (5)**

1. Corporation Name
KATHRYN BEICH, INC.



Principal Place of Business: **101 S. LUMBER STREET BLOOMINGTON IL 61701 US**
Mailing Address: **5 HIGH RIDGE PARK STAMFORD CT 06905 US**

3. Date Incorporated or Qualified: **07/27/1993**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **51-0099455**
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: 21
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
2a. Mailing Address: 26
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29
Country: 30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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, etc. (if applicable)

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	LAUX, FRANK J.	
STREET ADDRESS	501 WOOD COUNTRY CLUB DRIVE	
CITY-STATE-ZIP	NORMAL IL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ANSEL, EDWARD	
STREET ADDRESS	2060 KINGS POINTE DR.	
CITY-STATE-ZIP	CHESTERFIELD MO	
TITLE	AST	<input type="checkbox"/> DELETE
NAME	SPITZER, ALEXANDER	
STREET ADDRESS	32 WESTON RD	
CITY-STATE-ZIP	WESTON CT	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WYATT, J. DOUGLAS	
STREET ADDRESS	2123 EDGEVIEW DR.	
CITY-STATE-ZIP	HUDSON OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	WINTER, WAYNE	
STREET ADDRESS	15 ROCKWOOD FOREST GLEN	
CITY-STATE-ZIP	EUREKA MO	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHULT, ROBERT W	
STREET ADDRESS	1022 OAK CANYON LANE	
CITY-STATE-ZIP	GLENDORA CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/3/96

Date

Daytime Phone #

CR2E034 (12/95)