

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 13 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # F93000003832 (3)

1. Corporation Name

SUCCESSORIES OF ILLINOIS, INC.



| | |
|---|---|
| Principal Place of Business 919 SPRINGER DRIVE LOMBARD IL 60148 | Mailing Address 919 SPRINGER DRIVE LOMBARD IL 60148 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|--|--|--|--|
| 2. Principal Place of Business 21 2520 Diehl Road Suite, Apt. #, etc. | | 2a. Mailing Address 26 2520 Diehl Rd Suite, Apt. #, etc. | | 3. Date Incorporated or Qualified 08/23/1993 | |
| 22 City & State 23 Aurora IL | | 27 City & State 28 Aurora IL | | 4. FEI Number 36-3760233 | |
| 24 60504 25 U.S. | | 29 60504 30 U.S. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent LEXIS DOCUMENT SERVICES INC. 3953 WW KELLEY ROAD TALLAHASSEE FL 32311 | | 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

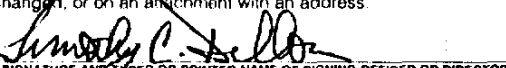
(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------|---|--|
| TITLE | DP | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELTRAME, JAMES M | 1.2 NAME | |
| STREET ADDRESS | 919 SPRINGER ROAD | 1.3 STREET ADDRESS | 2520 Diehl Rd |
| CITY-ST-ZIP | LOMBARD IL 60148 | 1.4 CITY-ST-ZIP | Aurora IL 60504 |
| TITLE | CEO | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BELTRAME, JAMES M | 2.2 NAME | |
| STREET ADDRESS | 919 SPRINGER ROAD | 2.3 STREET ADDRESS | 2520 Diehl Rd |
| CITY-ST-ZIP | LOMBARD IL 60148 | 2.4 CITY-ST-ZIP | Aurora IL 60504 |
| TITLE | DC | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ANDERSON, ARNOLD M | 3.2 NAME | |
| STREET ADDRESS | 919 SPRINGER ROAD | 3.3 STREET ADDRESS | 2520 Diehl Rd |
| CITY-ST-ZIP | LOMBARD IL 60148 | 3.4 CITY-ST-ZIP | Aurora IL 60504 |
| TITLE | DVPS | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DILLON, TIMOTHY C | 4.2 NAME | |
| STREET ADDRESS | 919 SPRINGER ROAD | 4.3 STREET ADDRESS | 2520 Diehl Rd |
| CITY-ST-ZIP | LOMBARD IL 60148 | 4.4 CITY-ST-ZIP | Aurora IL 60504 |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MCKEE, MICHAEL H | 5.2 NAME | |
| STREET ADDRESS | 919 SPRINGER ROAD | 5.3 STREET ADDRESS | 2520 Diehl Rd |
| CITY-ST-ZIP | LOMBARD IL 60148 | 5.4 CITY-ST-ZIP | Aurora IL 60504 |
| TITLE | CFOT | 6.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KING, M. ANDREW | 6.2 NAME | |
| STREET ADDRESS | 919 SPRINGER ROAD | 6.3 STREET ADDRESS | Steven Ruptsig |
| CITY-ST-ZIP | LOMBARD IL 60148 | 6.4 CITY-ST-ZIP | 2520 Diehl Rd |

14. I hereby certify that the information supplied with this filing 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 on an attachment with an address.

SIGNATURE:



1/30/98

CR2E034 (10/97)