

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

FILED
May 13 1998 8:00am
Secretary of State

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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2520 Diehl Road		2a. Mailing Address 26 2520 Diehl Rd		3. Date Incorporated or Qualified 08/23/1993	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		4. FEI Number 36-3760233	
23. City & State Aurora IL		28. City & State Aurora IL		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24. Zip 60504		30. Zip 60504		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25. Country U.S.		31. Country U.S.		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. 3053 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	
				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 _____ (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	CAO 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: *Timothy C. Dillon* **1/30/98**

CR2E034 (10/97)