

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

**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90108 023 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **F93000003832**

1. Corporation Name  
**SUCCESSORIES OF ILLINOIS, INC.**



Principal Place of Business  
**2520 DIEHL RD**  
**AURORA IL 60504**  
**US**

Mailing Address  
**2520 DIEHL RD**  
**AURORA IL 60504**  
**US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**08/23/1993**

4. FEI Number  
**36-3760233**

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 owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business  
 21 Suite, Apt. #, etc.  
 22 City & State  
 23 Zip Country  
 24 25 29 30

2a. Mailing Address  
 26 Suite, Apt. #, etc.  
 27 City & State  
 28 Zip Country

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BELTRAME, JAMES M	
STREET ADDRESS	2520 DIEHL RD	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	CEO	<input checked="" type="checkbox"/> DELETE
NAME	BELTRAME, JAMES M	
STREET ADDRESS	2520 DIEHL RD	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	ANDERSON, ARNOLD M	
STREET ADDRESS	2520 DIEHL RD	
CITY-ST-ZIP	AURORA IL 30504	
TITLE	DVPS	<input checked="" type="checkbox"/> DELETE
NAME	DILLON, TIMOTHY C	
STREET ADDRESS	2520 DIEHL RD	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKEE, MICHAEL H	
STREET ADDRESS	2520 DIEHL RD	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	CRO	<input type="checkbox"/> DELETE
NAME	KUPTIS, STEVEN	
STREET ADDRESS	2520 DIEHL RD	
CITY-ST-ZIP	AUROA IL 60504	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P COO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ROYANSEK, GARY	
1.3 STREET ADDRESS	2520 DIEHL RD	
1.4 CITY-ST-ZIP	AURORA IL 60504	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	V P S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NOWAK, GREG	
4.3 STREET ADDRESS	2520 DIEHL RD	
4.4 CITY-ST-ZIP	AURORA IL 60504	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

29-Mar-99 630-820-7200  
 Date Daytime Phone #

CR2F034 (11/98)