

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90091 035 ***150.00

DOCUMENT # F93000003832

1. Entity 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**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

36-3760233

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**LEXIS DOCUMENT SERVICES INC.
 3953 WW KELLEY ROAD
 TALLAHASSEE FL 32311**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PCO	<input type="checkbox"/> Delete
NAME	ROVANSEK, GARY	
STREET ADDRESS	2520 DIEHL RD	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	NOWAK, GREG	
STREET ADDRESS	2520 DIHL RD	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FARMER, C. RICHARD	
STREET ADDRESS	ONE N LASALLE STREET	
CITY-ST-ZIP	CHICAGO IL 60602	
TITLE	CFOT	<input type="checkbox"/> Delete
NAME	CARROLL, JOHN C	
STREET ADDRESS	2520 DIEHL ROAD	
CITY-ST-ZIP	AURORA IL 60504	
TITLE	ATAS	<input type="checkbox"/> Delete
NAME	WALTERS, SCOTT R	
STREET ADDRESS	2520 DIEHL ROAD	
CITY-ST-ZIP	AURORA IL 60504	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GARY J. ROVANSEK *Gary J. Rovansek* 11/11/02
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)