FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 AM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000003875 (2)

1. Corporate Name

GOTTLIEB'S FINANCIAL SERVICES, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6400 ATLANTIC BLVD JACKSONVILLE FL 32211 US	2700 CUMBERLAND PARKWAY SUITE 300 ATLANTA GA 30339

3. Date Incorporated or Qualified: 08/25/1993
3a. Date of Last Report: 03/30/1994

2. Principal Place of Business (21) — Suite, Apt. or Unit (22) — City & State (23) — Zip (24) — County (25)

2a. Mailing Address (26) — Suite, Apt. or Unit (27) — City & State (28) — Zip (29) — County (30)

4. FEI Number: 58-2062951 — 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

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 — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.1007 and 607.1008, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TYPE	P	☐ Change ☐ Addition
NAME	DRINKWATER, J. MICHAEL	
STREET ADDRESS	6400 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TYPE	DCEO	☐ Change ☐ Addition
NAME	GOTTLIEB, MELVIN	
STREET ADDRESS	6400 ATLANTIC BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL	
TYPE	SVPA	D ☐ Change ☒ Addition
NAME	COTE, MICHAEL R.	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300	
CITY-ST-ZIP	ATLANTA GA	
TYPE	VPT	T ☒ Change ☐ Addition
NAME	ALEXANDER, G. EDWARD	Caryn S. Dickerson
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300	2700 Cumberland Pkwy., Ste. 300
CITY-ST-ZIP	ATLANTA GA	Atlanta, GA 30339
TYPE	VPS	☐ Change ☐ Addition
NAME	TOPPER, PAMELA S.	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300	
CITY-ST-ZIP	ATLANTA GA	
TYPE	DC	☐ Change ☐ Addition
NAME	BROWN, RANDOLPH G.	
STREET ADDRESS	2700 CUMBERLAND PKWY, STE 300	
CITY-ST-ZIP	ATLANTA GA	

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)(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 with an arrow or in an attachment with an arrow.

SIGNATURE: Pamela S. Topper

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date

0390259 FP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED
... 21 PM 2:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000004683 (9)

1. Corporation Name

KIDSPORTS K.R.C., INC.

Principal Place of Business: 670 BONDED PARKWAY, STREAMWOOD IL 60107

Mailing Address: 670 BONDED PARKWAY, STREAMWOOD IL 60107

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1993

3a. Date of Last Report: 05/01/1994

4. FEI Number: 36-3899956 — 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 / 2a. Mailing Address

21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VALENTINO, NORBERT L
757 SO. NOVA RD.
ORMOND BEACH FL 32174

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 ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1 TITLE	☐ Change ☐ Addition
NAME	VALENTINO, NORBERT L	1 NAME	
STREET ADDRESS	209 CLUB CIRCLE	1 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL 60010	1 CITY-ST-ZIP	
TITLE	VCD	2 TITLE	☐ Change ☐ Addition
NAME	VALENTINO, WILLIAM A	2 NAME	
STREET ADDRESS	209 CLUB CIRCLE	2 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL 60010	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	D — ☒ Change ☐ Addition
NAME	LAGAMBINA, JASPER	3 NAME	LA GAMBINA, JASPER
STREET ADDRESS	1349 SPRING VALLEY	3 STREET ADDRESS	25 W 120 SCHICK RD
CITY-ST-ZIP	CAROL STREAM IL	3 CITY-ST-ZIP	BLOOMINGDALE IL 60108
TITLE	D	4 TITLE	☐ Change ☐ Addition
NAME	CASCIO, SAMUEL J DR.	4 NAME	
STREET ADDRESS	26 GREYSTONE LANE	4 STREET ADDRESS	
CITY-ST-ZIP	N. BARRINGTON IL 60010	4 CITY-ST-ZIP	
TITLE	P	5 TITLE	☐ Change ☐ Addition
NAME	VALENTINO, LINDA L	5 NAME	
STREET ADDRESS	209 CLUB CIRCLE	5 STREET ADDRESS	
CITY-ST-ZIP	BARRINGTON IL 60010	5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is accurate, furnished and 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: [signature] 4/21/95 708 219 2121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

0466944 FP