

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90075 030 ***150.00

DOCUMENT # F93000005336

1. Entity Name
SEVEN WORLDWIDE, INC.



Principal Place of Business
**233 N. MICHIGAN AVE. SUITE 420
CHICAGO IL 60601-5516
US**

Mailing Address
**%APPLIED GRAPHICS TECHNOLOGIES
450 WEST 33RD ST., 3RD FLOOR
NEW YORK NY 10001**

2. Principal Place of Business
225 West Superior St.
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Chicago, IL

City & State

4. FEI Number **36-3620302**

Applied For

Not Applicable

Zip
60610

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **C** ☐ Delete
NAME **DRASNER, FRED**
STREET ADDRESS **450 W. 33RD ST**
CITY-ST-ZIP **NEW YORK NY 10001**

TITLE **VP** ☒ Delete
NAME **TESZOLIN, ANTHONY L**
STREET ADDRESS **233 N MICHIGAN AVE STE 420**
CITY-ST-ZIP **CHICAGO IL 60611**

TITLE **EVPS** ☐ Delete
NAME **KRALL, MARTIN D**
STREET ADDRESS **450 W 33RD ST**
CITY-ST-ZIP **NEW YORK NY, 10001**

TITLE **DPCO** ☐ Delete
NAME **VECCHIOLLA, JOSEPH D**
STREET ADDRESS **450 W. 33RD ST**
CITY-ST-ZIP **NEW YORK NY 10001**

TITLE **SVP** ☐ Delete
NAME **TOROSIAN, KENNETH**
STREET ADDRESS **450 WEST 33RD STREET**
CITY-ST-ZIP **NEW YORK NY 10001**

TITLE **VPT** ☒ Delete
NAME **GRADY, PATRICK**
STREET ADDRESS **450 WEST 33RD STREET**
CITY-ST-ZIP **NEW YORK NY 10001**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Change ☐ Addition
NAME **Testolin, Anthony**
STREET ADDRESS **225 West Superior Street**
CITY-ST-ZIP **Chicago, IL 60611**

TITLE **D** ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DPCOO** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SVP/CFO/IT** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Change ☒ Addition
NAME **Kingsky, Bonni**
STREET ADDRESS **450 West 33rd Street**
CITY-ST-ZIP **New York, NY 10001**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin D. Krall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/25/03 212-210-6345

CR2E034 (10/02)