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FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90045 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F94000003378

1. Corporation Name

PREMARK INTERNATIONAL, INC.

Principal Place of Business

**1717 DEERFIELD ROAD
DEERFIELD IL 60015**

Mailing Address

**1717 DEERFIELD ROAD
DEERFIELD IL 60015**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/27/1994

4. FEI Number

36-3461320

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

City & State

23 Zip Country

City & State

28 Zip Country

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 607.0502 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

CD

☐ DELETE

NAME

RINGLER, JAMES M

STREET ADDRESS

1717 DEERFIELD RD

CITY-ST-ZIP

DEERFIELD IL 60015

TITLE

D

☐ DELETE

NAME

DAVIS, RUTH M

STREET ADDRESS

4900 SEMINARY RD., STE 570

CITY-ST-ZIP

ALEXANDRIA VA

TITLE

D

☐ DELETE

NAME

ELAM, LLOYD C

STREET ADDRESS

1005 D.B. TODD BLVD.

CITY-ST-ZIP

NASHVILLE TN

TITLE

AT

☐ DELETE

NAME

JOHNSON, CARL

STREET ADDRESS

1717 DEERFIELD ROAD

CITY-ST-ZIP

DEERFIELD IL

TITLE

V

☐ DELETE

NAME

REEB, WILLIAM R

STREET ADDRESS

1717 DEERFIELD ROAD

CITY-ST-ZIP

DEERFIELD IL 60015

TITLE

D

☐ DELETE

NAME

PARKER, DAVID R

STREET ADDRESS

550 BILTMORE WAY, 10TH FLOOR

CITY-ST-ZIP

CORAL GABLES FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ 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

Carl Johnson

2/18/99

Date

847-405-6000

Daytime Phone #

CR2E034 (11/98)