

PROFIT
CORPORATION
~~ANNUAL~~ REPORT
1996



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

1. Corporation Name

SUB-POST, INC.

Principal Place of Business

Mailing Address

SCHARTZ, COOPER, GREENBERGER & KRAUSS
180 N LASALLE ST., STE 2700
CHICAGO IL 60601

SCHARTZ, COOPER, GREENBERGER & KRAUSS
180 N LASALLE ST., STE 2700
CHICAGO IL 60601



3. Date Incorporated or Qualified

3a. Date of Last Report

06/16/1995

4. FBI Number

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

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name _____

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4	City
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FL

85	Zip Code
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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)

[M]E

12. OFFICERS AND DIRECTORS

TITLE	DCPT	<input type="checkbox"/> DELETE
NAME	DEWHIRST, ANDREW	
STREET ADDRESS	21 MANSELL ST	
CITY - ST - ZIP	LONDON, EG E18AA	
TITLE	DCV	<input type="checkbox"/> DELETE
NAME	GREENBERGER, ERNEST	
STREET ADDRESS	180 N LASALLE ST., STE 2700	
CITY - ST - ZIP	CHICAGO IL 60601	
TITLE	DCS	<input type="checkbox"/> DELETE
NAME	EGAN, GERALD E	
STREET ADDRESS	875 N MICHIGAN AVE.	
CITY - ST - ZIP	CHICAGO IL 60601	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	400001835494
5.3 STREET ADDRESS	-05/22/96--01113--014
5.4 CITY - ST - ZIP	***200.00
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 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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5/96

346-1300
DASHING BOARD #

CR2E034 (12/95)