

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F95000003261 (3)

1. Corporation Name
~~MARUSA MARKETING INC.~~
MARKET USA, INC.



Principal Place of Business 701 LEE ST DES PLAINES IL 60016	Mailing Address 701 LEE ST DES PLAINES IL 60016-4539
---	--

3. Date Incorporated or Qualified 07/07/1995	3a. Date of Last Report 09/26/1996
--	--

2. Principal Place of Business 21 2200 E DEWON Suite, Apt. #, etc. 22 SUITE 200 City & State 23 DES PLAINES IL Zip 24 60018	2a. Mailing Address 26 2200 E. DEWON Suite, Apt. #, etc. 27 SUITE 200 City & State 28 DES PLAINES IL Zip 29 60018
--	--

4. FEI Number 36-3612376	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input type="checkbox"/> DELETE	1.1 TITLE C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OKNER, SEYMOUR N		1.2 NAME OKNER, SEYMOUR	
STREET ADDRESS 701 LEE STREET		1.3 STREET ADDRESS 2200 E DEWON	
CITY-ST-ZIP DES PLAINES IL 60016		1.4 CITY-ST-ZIP DES PLAINES, IL 60018	
TITLE VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OKNER, SAM		2.2 NAME	
STREET ADDRESS 701 LEE STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP DES PLAINES IL 60016		2.4 CITY-ST-ZIP	
TITLE S	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME RICHERT, PATRICIA		3.2 NAME MAGID, RICHARD	
STREET ADDRESS 701 LEE STREET		3.3 STREET ADDRESS 5980 W. TOWNY	
CITY-ST-ZIP DES PLAINES IL 60016		3.4 CITY-ST-ZIP NILES IL 60714	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME KILREA, GREGORY	
STREET ADDRESS		4.3 STREET ADDRESS 5980 W. TOWNY	
CITY-ST-ZIP		4.4 CITY-ST-ZIP NILES, IL 60714	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *S M Okner* **SEYMOUR OKNER** (847) 803-1900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)