

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2000 8:00 am
Secretary of State

03-24-2000 90119 008 ***150.00

DOCUMENT # F95000003261

1. Entity Name

MARKET U.S.A., INC.

Principal Place of Business

Mailing Address

2200 E DEVON
 STE 200
 DES PLAINES IL 60018
 US

2200 E DEVON
 STE 200
 DES PLAINES FL 60018-4501
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

36-3612376

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **C** Delete
 NAME **OKNER, SEYMOUR N**
 STREET ADDRESS **2200 E DEVON**
 CITY-ST-ZIP **DES PLAINES IL**

TITLE **BARTON ZELER** Change Addition
 NAME **BARTON ZELER**
 STREET ADDRESS **1730 Overland Trail**
 CITY-ST-ZIP **Deerfield IL 60015**

TITLE **SD** Delete
 NAME **MAGID, RICHARD**
 STREET ADDRESS **5980 W TOUITY**
 CITY-ST-ZIP **NILES IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DT** Delete
 NAME **KILREA, GREGORY**
 STREET ADDRESS **5980 W TOUITY**
 CITY-ST-ZIP **NILES IL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **EDMUND VESELY** Delete
 NAME **5341 Tall Tree Ct CEO**
 STREET ADDRESS **Lisle, IL**
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **HOWARD REGENBAUM** Delete
 NAME **1422 Hackberry Rd V.P.F.N.**
 STREET ADDRESS **Deerfield IL**
 CITY-ST-ZIP **60015**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **TIMOTHY CASEY** Delete
 NAME **9518 S Lawndale Ave COO**
 STREET ADDRESS **Evergreen Park IL 60805**
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE *[Signature]* **HOWARD REGENBAUM**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/4/2000
 Date

5478031900
 Daytime Phone #

CR2E034 (9/99)