

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000004226 (5)

1. Corporation Name

SALES PROMOTION ASSOCIATES, INC.



Principal Place of Business

SALES PROMOTION ASSOCIATES, INC.
545 WALNUT STREET
COSHOCOT OH 43812
US

Mailing Address

SALES PROMOTION ASSOCIATES INC
545 WALNUT STREET
COSHOCOT OH 43812
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1995

4. FEI Number

31-1443533

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 COSHOCTON, OH

28 COSHOCTON, OH

24 Zip

25 Country

29 Zip

30 Country

43812

43812

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE

NAME JORDAN, JOHN W II
STREET ADDRESS 1751 LAKE COOK RD, SUITE 550
CITY-ST-ZIP DEERFIELD IL 60015

1.1 TITLE ☐ Change ☐ Addition

TITLE CSD ☐ DELETE

NAME QUINN, THOMAS H
STREET ADDRESS 1751 LAKE COOK RD, SUITE 550
CITY-ST-ZIP DEERFIELD IL 60015

2.1 TITLE ☐ Change ☐ Addition

TITLE P ☐ DELETE

NAME PRATHER, RICK R
STREET ADDRESS 545 WALNUT ST
CITY-ST-ZIP COSHOCTOW OH

3.1 TITLE ☒ Change ☐ Addition

TITLE VAS ☐ DELETE

NAME SPIELBERGER, THOMAS C
STREET ADDRESS 1751 LAKE COOK RD, SUITE 550
CITY-ST-ZIP DEERFIELD IL 60015

4.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME FISHER, G. ROBERT
STREET ADDRESS 1200 MAIN ST, SUITE 3500
CITY-ST-ZIP KANSAS CITY MO 64105

5.1 TITLE ☐ Change ☐ Addition

TITLE AS ☐ DELETE

NAME CARLSON, JAMES B
STREET ADDRESS 1875 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

6.1 TITLE ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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 any attachment with an address.

SIGNATURE: DANIEL C. HARMS

2/10/98 (744) 422-4422

CR2E034 (5/98)