

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$500 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$700).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # F95000004226

1. Corporation Name

SALES PROMOTION ASSOCIATES, INC.

Principal Place of Business

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

Mailing Address

SALES PROMOTION ASSOCIATES INC
545 WALNUT STREET
COSHOCOTON OH 43812
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

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

REINSTATEMENT

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/31/1985

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 the current year
Intangible Personal Property.

☐ Yes

☒ No

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

SPECIAL ASSISTANT SECRETARY

11-5-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

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

TITLE CSD ☐ DELETE

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

TITLE P ☐ DELETE

NAME PRATHER, RICK R
STREET ADDRESS 545 WALNUT ST
CITY-ST-ZIP COSHOCTON OH 43812

TITLE VAS ☐ DELETE

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

TITLE AS ☐ DELETE

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

TITLE AS ☐ DELETE

NAME CARLSON, JAMES B
STREET ADDRESS 1675 BROADWAY
CITY-ST-ZIP NEW YORK NY 10019

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

LS

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\$\$\$750.00 \$\$\$750.00

PRATHER, R. Rick

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 the 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: *James B. Carlson* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

99 NOV 17 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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