

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 05 1997 8:00am
Secretary of State

DOCUMENT # F96000001229 (1)

1. Corporation Name

JEFFREY CHAIN CORP.

Principal Place of Business

10 S. WACKER DR., STE. 3175
CHICAGO IL 60606

Mailing Address

10 S. WACKER DR., STE. 3175
CHICAGO IL 60606

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

03/11/1996

4. FEI Number

Applied For

Not Applicable

36-4064693

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

21 2307 Maden Drive

Suite, Apt. #, etc.

22 City & State

23 Morristown, TN

24 Zip
37813

25 Country
USA

2a. Mailing Address

26 2307 Maden Drive

Suite, Apt. #, etc.

27 City & State

28 Morristown, TN

29 Zip
37813

30 Country
USA

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME SIMMONS, BRIAN
STREET ADDRESS 10 S. WACKER DR., STE. 3175
CITY-ST-ZIP CHICAGO IL 60606

TITLE VS ☒ DELETE

NAME GOTSCH, PETER
STREET ADDRESS 10 S. WACKER DR., STE. 3175
CITY-ST-ZIP CHICAGO IL 60606

TITLE VAS ☒ DELETE

NAME HAWKINS, DAVID
STREET ADDRESS 10 S. WACKER DR., STE. 3175
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/C ☒ Change ☐ Addition

1.2 NAME Krohn, Gerd
1.3 STREET ADDRESS 2307 Maden Drive
1.4 CITY-ST-ZIP Morristown, TN 37813

2.1 TITLE V/T/S ☒ Change ☐ Addition

2.2 NAME Hollingsworth, R. R.
2.3 STREET ADDRESS 2307 Maden Drive
2.4 CITY-ST-ZIP Morristown, TN 37813

3.1 TITLE V ☒ Change ☐ Addition

3.2 NAME Moses, D. W.
3.3 STREET ADDRESS 2307 Maden Drive
3.4 CITY-ST-ZIP Morristown, TN 37813

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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:

(R. R. Hollingsworth

July 29, 1997 (423)586-1951 x225

CR2E034 (4/97)