


FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90126 034 ***116.30

08-03-1999 90002 004 ****33.70

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # F96000006300

1. Corporation Name

FACTORY CARD OUTLET OF AMERICA LTD., INC.

Principal Place of Business

 2727 DIEHL ROAD
 NAPERVILLE IL 60563
 US

Mailing Address

 2727 DIEHL ROAD
 NAPERVILLE IL 60106-1212
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/03/1996

4. FEI Number

36-3387269

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 Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CUMELLO, CHARLES R	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	FRANCHI, GLEN J	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TRAVIS, CAROL A	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE	DC	<input type="checkbox"/> DELETE
NAME	FREEMAN, WILLIAM E	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KELLY, J B	
STREET ADDRESS	745 BIRGINAL DR.	
CITY-ST-ZIP	BENSENVILLE IL 60106-1212	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STEWART KASEN	
1.3 STREET ADDRESS	2727 DIEHL RD	
1.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	2727 DIEHL RD	
2.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	2727 DIEHL RD	
3.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
4.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	2727 DIEHL RD	
4.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
5.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	2727 DIEHL RD	
5.4 CITY-ST-ZIP	NAPERVILLE, IL 60563	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 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, with all other like empowered.

 SIGNATURE: ALINA B. KANE ALINA B. KANE Vice President Contriller 5/3/99 630-579-2000
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)