2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600006300

FACTORY CARD OUTLET OF AMERICA LTD., INC.

Principal Place of Business

2727 DIEHL ROAD

NAPERVILLE IL 60563

US

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

Mailing Address

3. Mailing Address

Suite, Apt. #, etc.

FILED May 26, 2000 8:00 am Secretary of State

05-26-2000 90067 033 ***150.00



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Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE							
City & State		City & State				4. FE	36-3387269				Applied For Not Applicable		
Zip	Country	Zip	ntry 5. C							8.75	3.75 Additional		
	6Name and Address of Current Ro	enistered Anent		Г _		7. Name and Address of New Registered Agent							
V. Hallo and National of Cartest Hoger Cod Ngort									<u></u>			-	
CORPORATION CERTIFIC COMPANY													
· -	PORATION SERVICE COMPANY		Street Address (P.O. Box Number is Not Acceptable)										
ľ	HAYS STREET												
IALL	AHASSEE FL 32301-2525												
										FL	Zip C	ode	
R The above o	named entity submits this statement for t	he nurgose of changing its	register	ed office or	r registered	l agen	or both	in the State	of Florida				
G. The above t	lamed entity submits this statement for t	ne parpose or onlanging its	registeri	onice of	registeree	agen	., 0. 500., 1	in the otale	or riorida.				
SIGNATURE _	Signature, typed or printed name of registered agent and	title if applicable (NOTE	- Decietoro	d Agent signati	Uta required w	han rainst	ation)			DATE			
_ 	organization types of printed frame of registered additional	. LLO . BPDICOCIO. (NOTE		gont argitati									
9. This corpor	ration is eligible to satisfy its totangible	FILE NOW!!! FEE IS \$1			00		10 Flection	on Campaig	an Einancir	חמ	œ.	۸۸ ،	1ay Be
_	equirement and elects to do so.	After MAY 1, 200			}		Fund Contri	-	" _□		led to l		
(See criteria	a on back)	Make Check Payab	le to D	epartmen	t of State	,					_		
11.	OFFICERS AND D	RECTORS	12.			ADDI	TIONS/CH	ANGES TO	OFFICER	S AND	DIRECTO	RS IN	11
TITLE	PCE0	Delete	TITL	E							☐ Chang	• [Addition
NAME	KASEN, STEWART		NAM	E									
STREET ADDRESS	2727 DIEHL RD		STRE	ET ADDRESS									
CITY-ST-ZIP	NAPERVILLE IL 60563		CITY	-ST-ZIP									
TITLE	VT	□ Delete	TITL		†						Chang	, F	Addition
NAME	FRANCHI, GLEN J	C Delete	NAM										
STREET ADDRESS	2727 DIEHL RD			ET ADDRESS									
CITY-ST-ZIP	NAPERVILLE IL 60563			-ST-ZIP									
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	TRAVIS, CAROL A	~ - · → □ Delete "	- TITLI NAM				· + 3* .		C - 1		Grany	a -	_ Addition
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CITY-ST-ZIP	2727 DIEHL RD			-ST-ZIP									
	NAPERVILLE IL 60563		-		00.5	10.	- -						7 4 1 00
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NAME	FREEMAN, WILLIAM E		NAM		FICE	<u> </u>	T	HL (200°	<i>1</i>	v.		
STREET ADDRESS	2727 DIEHL RD			ET ADDRESS - ST- ZIP	323	· 7	- C	F,C 1		ע	_, ^		
CITY-ST-ZIP	NAPERVILLE IL 60563		_	-	NE	701	<u> </u>	LE,_	1	<u>'0 ما</u>			3 - 1 - 1
TITLE	D	Delete	TITU								☐ Chang	e [Addition
NAME	KELLY, J B		NAM										
STREET ADDRESS	2727 DIEHL RD			ET ADDRESS									
CITY-ST-ZIP	NAPERVILLE IL 60563		CITY	-ST-ZIP			·						
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NAME			NAM	E									
STREET ADDRESS			STRE	ET ADDRESS									
CITY-ST-ZIP			CITY	-ST-ZIP	[
13. I hereby ce	ertify that the information supplied with the	nis filing does not qualify for	the exe	mption sta	ted in Sect	tion 11	9.07(3)(i), l	Florida Stat	utes. I furth	ner certi	ify that th	e inforr	nation

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034