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Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # **F96000006313 (8)**

1. Corporation Name
BAGCRAFT CORPORATION OF AMERICA

Principal Place of Business	Mailing Address
3900 W. 43RD ST. CHICAGO IL 60632	3900 W. 43RD ST. CHICAGO IL 60632-3412

3. Date Incorporated or Qualified: 12/04/1996
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 36-3451213 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

CSC NETWORKS
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent, and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SANTACROSE, MARK F	1.2 NAME	
STREET ADDRESS	3900 W. 43RD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60632	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ARDUINO, MICHAEL F	2.2 NAME	
STREET ADDRESS	3900 W. 43RD ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60632	2.4 CITY-ST-ZIP	
TITLE	S ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	RUBEN, PHILIP E	3.2 NAME	
STREET ADDRESS	500 N. CENTRAL AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHFIELD IL 60093	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, PETER R	4.2 NAME	
STREET ADDRESS	500 N. CENTRAL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHFIELD IL 60093	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	HARVEY, JOHN	5.2 NAME	
STREET ADDRESS	500 N. CENTRAL AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHFIELD IL 60093	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	DOERING, JAMES	6.2 NAME	
STREET ADDRESS	500 N. CENTRAL AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTHFIELD IL 60093	6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Mark F. Santacrose 3/14/97 (773) 254-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0011635