

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Sep 17 1998 8:00am
Secretary of State

DOCUMENT # **F96000006313 (8)**
1. Corporation Name

BAGCRAFT CORPORATION OF AMERICA



Principal Place of Business

3900 W. 43RD ST.
CHICAGO IL 60632

Mailing Address

3900 W. 43RD ST.
CHICAGO IL 60632

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/04/1996

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

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

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 | P | <input type="checkbox"/> DELETE |
| NAME | SANTACROSE, MARK F | |
| STREET ADDRESS | 3900 W. 43RD ST. | |
| CITY-ST-ZIP | CHICAGO IL 60632 | |
| TITLE | V | <input type="checkbox"/> DELETE |
| NAME | ARDUINO, MICHAEL F | |
| STREET ADDRESS | 3900 W. 43RD ST. | |
| CITY-ST-ZIP | CHICAGO IL 60632 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | RUBEN, PHILIP E | |
| STREET ADDRESS | 500 N. CENTRAL AVE. | |
| CITY-ST-ZIP | NORTHFIELD IL 60093 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARVEY, PETER R | |
| STREET ADDRESS | 500 N. CENTRAL AVE. | |
| CITY-ST-ZIP | NORTHFIELD IL 60093 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | HARVEY, JOHN | |
| STREET ADDRESS | 500 N. CENTRAL AVE. | |
| CITY-ST-ZIP | NORTHFIELD IL 60093 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DOERING, JAMES | |
| STREET ADDRESS | 500 N. CENTRAL AVE. | |
| CITY-ST-ZIP | NORTHFIELD IL 60093 | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 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.

SIGNATURE:

Michael F. Arduino

9/9/98 (773) 843-8003

CR2E034 (5/98)