

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 11 1997 8:00am
Secretary of State

DOCUMENT # F96000006843 (4)

1. Corporation Name

DEARBORN PUBLISHING GROUP, INC.

Principal Place of Business

155 NORTH WACKER DRIVE
SUITE 900
CHICAGO IL 60606

Mailing Address

155 NORTH WACKER DRIVE
SUITE 900
CHICAGO IL 60606-1719



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/27/1996

3a. Date of Last Report

4. FEI Number

36-3657446

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

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	BLITZ, DENNIS	
STREET ADDRESS	155 NORTH WACKER DRIVE, SUITE 900	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	VT	☐ DELETE
NAME	KRAUSE, STEVEN	
STREET ADDRESS	155 NORTH WACKER DRIVE, SUITE 900	
CITY - ST - ZIP	CHICAGO IL 60606	
TITLE	SD	☐ DELETE
NAME	COWAN, WILLIAM H	
STREET ADDRESS	180 NORTH LASALLE STREET, SUITE 2901	
CITY - ST - ZIP	CHICAGO IL 60601	
TITLE	D	☐ DELETE
NAME	KYLE, SCOTT G	
STREET ADDRESS	155 NORTH WACKER DRIVE, SUITE 900	
CITY - ST - ZIP	CHICAGO IL 60606	
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	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	☐ Change ☐ Addition
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	☐ Change ☐ Addition
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	☐ Change ☐ Addition
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	☐ Change ☐ Addition
5.1 TITLE	A S
5.2 NAME	Powney, William C.
5.3 STREET ADDRESS	155 North Wacker Drive, Suite 900
5.4 CITY - ST - ZIP	Chicago, IL 60606
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: *William C. Powney*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/97 (312) 896-4400
Date Daytime Phone # 0011825

CR2E034 (9/96)