

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90025 014 ***150.00

DOCUMENT # F96000006843

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/27/1996

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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 ☐ DELETE

TITLE PD
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 AS ☒ DELETE

NAME POWNEY, WILLIAM C
STREET ADDRESS 155 NORTH WACKER DR., STE. 900
CITY-ST-ZIP CHICAGO IL

TITLE D ☒ DELETE

NAME KYLE, ROBERT C
STREET ADDRESS 155 N WALKER DR, #900
CITY-ST-ZIP CHICAGO IL 60606

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME P

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE S ☐ Change ☒ Addition

3.2 NAME Dillon, Veronica

3.3 STREET ADDRESS 888 Seventh Avenue

3.4 CITY-ST-ZIP New York, NY 10106

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Grayer, Jonathan

4.3 STREET ADDRESS 888 Seventh Avenue

4.4 CITY-ST-ZIP New York, NY 10106

5.1 TITLE D ☐ Change ☒ Addition

5.2 NAME Rosen, Andrew

5.3 STREET ADDRESS 888 Seventh Avenue

5.4 CITY-ST-ZIP New York, NY 10106

6.1 TITLE TD ☐ Change ☒ Addition

6.2 NAME Jones, Hal

6.3 STREET ADDRESS 888 Seventh Avenue

6.4 CITY-ST-ZIP New York, NY 10106

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: Steven Krause, Vice President

2/25/99

(312) 836-4400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)