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PROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # F97000000325

1. Corporation Name
KARP'S INC.

Principal Place of Business	Mailing Address
~~% JAMES C. COLIHAN~~ ~~1114 AVENUE OF THE AMERICAS~~ ~~NEW YORK NY 10036~~	~~% JAMES C. COLIHAN~~ ~~1114 AVENUE OF THE AMERICAS~~ ~~NEW YORK NY 10036~~ SAME

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 c/o BAKEMARK EAST	2a. Mailing Address 26 c/o Bakemark East
Suite, Apt. #, etc. 22 1821 Walden Office Sq Suite 300	Suite, Apt. #, etc. 27 1821 Walden Office Sq Suite 300
City & State 23 Schaumburg IL 60173	City & State 28 Schaumburg, IL
Zip / Country 24 60173 25 USA	Zip / Country 29 60173 30 USA

3. Date Incorporated or Qualifed: 01/21/1997

4. FEI Number: 52-2005725 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VINK, JAAP		1.2 NAME		
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II		1.3 STREET ADDRESS		
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS		1.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ARENTSEN, MARINUS		2.2 NAME		
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II		2.3 STREET ADDRESS		
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VAN DER KLAAUW, JAN-WILLEM E		3.2 NAME		
STREET ADDRESS	CSM NV NIENOORD 13, 1112 DIEMEN ZUID II		3.3 STREET ADDRESS		
CITY-ST-ZIP	AMSTERDAM, THE NETHERLANDS		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COLIHAN, JAMES C		4.2 NAME		
STREET ADDRESS	1114 AVE. OF THE AMERICAS		4.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY 10036		4.4 CITY-ST-ZIP		
TITLE	CEO	☑ DELETE	5.1 TITLE	Asst. Treasurer	☐ Change ☑ Addition
NAME	KARP, JACK		5.2 NAME	Gary Gardner	
STREET ADDRESS	1301 ESTES		5.3 STREET ADDRESS	1821 Walden Office Sq Suite 300	
CITY-ST-ZIP	ELKGROVE VILLAGE IL 60007		5.4 CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	PCOO	☑ DELETE	6.1 TITLE	President	☐ Change ☐ Addition
NAME	GOLDMAN, BILL		6.2 NAME	Robert Wallace	
STREET ADDRESS	1301 ESTES		6.3 STREET ADDRESS	1821 Walden Office Sq Suite 300	
CITY-ST-ZIP	ELKGROVE VILLAGE IL 60007		6.4 CITY-ST-ZIP	Schaumburg, IL 60173	

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: SIGNATURE REQUIRED Gary Gardner Asst. Treasurer 3/22/99 847-925-2100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1.1/98)