1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700003381

1. Corporation Name

DRUM CORPS INTERNATIONAL, INCORPORATED

Principal Place of Business							
1263 SOUTH	HIGHLAND	AVE					
LONG ADD II	AA4 40						

2. Principal Place of Business

Suite, Apt. #, etc.

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Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

Oib. 9 Etato

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1263 SOUTH HIGHLAND AVE LOMBARD IL 60148

FILED Mar 03, 1999 8:00 am § Secretary of State

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Applied For

\$8.75 Additional

Not Applicable

Date Incorporated or Qualifed

06/30/1997

FEI Number 36-2754480

City & State	•	28				5. Cer	tifcate of S	tatus Desired	. □		ee Rec	uired
23 Zip	Country	Zip	Countr	У		6. Elec	ction Camp	aign Financi	ng —	\$	5.00	May Be
24	25	29 3	10	Trust Fund Contribution			· 🗆	Added to Fees				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent												
			81	1	Name							
VALENTIN	F TERRY		82	<u>.</u>	Street Adds	roce (P.O. I	Boy Numbe	er is Not Acc	entable)			
2322 ROA			"	<u>ר</u>	Oli eel Addi	1000 (1 .0. 1	DOX HOHID	JI 10 11017100	-		_	
	FL 32835		83	3								
0.112 ti 120			<u> </u>	_						or.	Zip C	odo
			84	4	City				F	L 85	Zip C	ode
11. Pursuant t	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	the abov	ve-r	named corp	oration sul	bmits this s	tatement for	the purpose	of chang	ing its I	egistered
office or re	egistered agent, or both, in the State on familiar with, and accept the obligation	l Florida. Such change was aut	norizea ov	v tn	e corporation	on's board	of directors	s. I hereby ac	ccept the app	ointmen	t as reg	istered
agent. i ar	m ramiliar with, and accept the obligation	ons of, Section 617.0005, Floric	Ja Statute	13.								
SIGNATURE .	Signature, typed or printed name of registered agent	and title if apolicable. (NOTE: R	Registered Age	ent si	ignature require	ed when reinsta	ting)		DATE			
12.	OFFICERS AND		13.			ADD	ITIONS/CI	IANGES TO	OFFICERS A	AND DIF	ECTO	RS IN 12
TITLE	C	☐ DELETE	1.1 TITLE								hange	☐ Addition
NAME	GIBBS, DAVID 4065 NELSON AVE 138		1.2 NAME	K€ .								
STREET ADDRESS			1.3 STRES	3 STREET ADDRESS								
CITY-ST-ZIP			1,4 CITY-	1.4 CITY-ST-ZIP								
TITLE	C DELETE 21 KRUSZECKI, LEN 22 3015 E. BAYSHORE RD #440 23		2.1 TITLE								hange	☐ Addition
NAME			2.2 NAME									
STREET ADDRESS			2.3 STREE	ETA	DORESS					_		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		7IP							
TITLE			3.1 TITLE								hange	Addition
NAME	FOO MOODWADD AVE OTE 0500		3.2 NAME									
STREET ADDRESS			3.3 STREET ADDRESS									
-	DETROIT MI 48226	-	3.4. CITY-									
CITY-ST-ZIP TITLE	S	☐ DELETE	4.1 TITLE								hange	☐ Addition
NAME	FIEDLER, JEFF		4, 2 NAME	E								
STREET ADDRESS	330 W. DIVERSEY #1007		4.3 STRE		JODRESS							
CITY-ST-ZIP	CHICAGO IL 60657		4.4 CITY-									
TITLE		☐ DELETE	5.1 TITLE)/S/T					hange	☐ Addition
NAME			5.2 NAME	Ē		aniel	E Ach	eson				
STREET ADDRESS	5.3 S				1263 S Highland Ave							
	540		5.4 CITY-	ST-Z		ombard		60148				
CITY-ST-ZIP TITLE		☐ DELETÉ	6.1 TITLE								hange	Addition
NAME		-	6.2 NAME	E	1							l s
			6.3 STRE	EΤΑ	ODRESS							ĺ
STREET ADDRESS			6.4 CITY-									
CITY-ST-ZIP				~								

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 617, 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:

REQUIRED Director/Ass't Treas Sect 630/495-000'

CR2E037 (11/