

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**  
**May 11, 1999 8:00 am**  
**Secretary of State**

05-11-1999 90042 034 \*\*\*150.00

0558530

DOCUMENT # **F97000003431**

1. Corporation Name

**WALLACE COMMERCIAL PRINTING, INC.**

Principal Place of Business

**2275 CABOT DR.  
LISLE IL 60532**

Mailing Address

**2275 CABOT DR.  
LISLE IL 60532**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/01/1997**

4. FEI Number

**36-4166643**

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.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**CT 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 **CRONIN, ROBERT J**  
STREET ADDRESS **2275 CABOT DR.**  
CITY-ST-ZIP **LISLE IL 60532**

TITLE **VD** ☐ DELETE  
NAME **DUFFIELD, MICHAEL O**  
STREET ADDRESS **2275 CABOT DR.**  
CITY-ST-ZIP **LISLE IL 60532**

TITLE **TSD** ☐ DELETE  
NAME **HALLORAN, MICHAEL J**  
STREET ADDRESS **2275 CABOT DR.**  
CITY-ST-ZIP **LISLE IL 60532**

TITLE **AS** ☐ DELETE  
NAME **LAUDIZIO, MICHAEL T**  
STREET ADDRESS **2275 CABOT DR.**  
CITY-ST-ZIP **LISLE IL 60532**

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 **LAUDIZIO, SR., MICHAEL T.**  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**MICHAEL T. LAUDIZIO, SR.**

ASSISTANT SECRETARY

4-26-99

630-588-5360

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

April, 1999

## WALLACE COMMERCIAL PRINTING, INC.

545416-90042-34

F97000003431

### OFFICERS

### RESIDENCE ADDRESS

### BUSINESS ADDRESS

**Robert J. Cronin**  
Chairman, President & CEO  
SS# 353-34-4377

603 Ridgewood Court  
Oakbrook, IL 60521

2275 Cabot Drive  
Lisle, IL 60532-3630

**Michael O. Duffield**  
Vice President  
SS# 394-58-2153

3106 Turnberry Road  
St. Charles, IL 60174

2275 Cabot Drive  
Lisle, IL 60532-3630

**Michael J. Halloran**  
Treasurer & Secretary  
331-40-7668

902 Vintage Knoll Drive  
Plainfield, IL 60544

2275 Cabot Drive  
Lisle, IL 60532-3630

**Michael T. Laudizio, Sr.**  
Assistant Secretary  
355-50-4386

7302 Bayberry Lane  
Darien, IL 60561

2275 Cabot Drive  
Lisle, IL 60532-3630

### DIRECTORS

### RESIDENCE ADDRESS

### BUSINESS ADDRESS

**Robert J. Cronin**  
353-34-4377

603 Ridgewood Court  
Oakbrook, IL 60521

2275 Cabot Drive  
Lisle, IL 60532-3630

**Michael O. Duffield**  
394-58-2153

3106 Turnberry Road  
St. Charles, IL 60174

2275 Cabot Drive  
Lisle, IL 60532-3630

**Michael J. Halloran**  
331-40-7668

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Plainfield, IL 60544

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Lisle, IL 60532-3630