

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
Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90089 009 ***150.00

DOCUMENT # F97000005367

1. Corporation Name

MONARCH IMPORT COMPANY

Principal Place of Business

55 E. MONROE ST.
CHICAGO IL 60603

Mailing Address

55 E. MONROE ST.
CHICAGO IL 60603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1997

4. FEI Number

36-3539106

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

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 DP ☒ DELETE
NAME GOODMAN, ELLIS M
STREET ADDRESS 69 PARK AVE.
CITY-ST-ZIP GLENCOE IL 60022

TITLE D ☐ DELETE
NAME BERK, ALEXANDER L
STREET ADDRESS 491 WASHINGTON AVE.
CITY-ST-ZIP GLENCOE IL 60022

TITLE DT ☐ DELETE
NAME POWERS, RAYMOND E
STREET ADDRESS 4208 HAMPTON
CITY-ST-ZIP WESTERN SPRINGS IL 60558

TITLE V ☐ DELETE
NAME RYAN, JAMES P
STREET ADDRESS 112 HUDSON CT.
CITY-ST-ZIP NAPERVILLE IL 60565

TITLE S ☐ DELETE
NAME KUTYLA, ELIZABETH Y
STREET ADDRESS 630 W. WRIGHTWOOD, #4E
CITY-ST-ZIP CHICAGO IL 60614

TITLE V ☐ DELETE
NAME HIRSCH, DONALD S
STREET ADDRESS 850 S. BIRCHWOOD DR.
CITY-ST-ZIP LOS ANGELES CA 90024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT DIRECTOR ☐ Change ☒ Addition
1.2 NAME WILLIAM HACKETT
1.3 STREET ADDRESS 242 MONTCLAIR AVE.
1.4 CITY-ST-ZIP GLEN ELLYN, ILL 60137

2.1 TITLE PRESIDENT DIRECTOR ☒ Change ☐ Addition
2.2 NAME BERK, ALEXANDER
2.3 STREET ADDRESS 491 WASHINGTON
2.4 CITY-ST-ZIP GLENCOE, ILL 60022

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

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:

Donna Harris
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED TREASURER

1/15/99

Date

312-346-9200

Daytime Phone #

CR2E034 (11/98)