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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700005978 (8)

ULTRA STORES, INC.

Principal Place of Business Mailing Address

29 E. MADISON ST., STE, 1800
CHICAGO IL 60602
CHICAGO IL 60602

FILED Jan 20 1998 8:00am Secretary of State



CHICAGO IL 60802			CHICAGO IL 60602								
							DO NOT WRITE IN THIS SPACE				
						[;	 Date Incorporate 14/40/4007 	ed or Qualified			
A D2-11	24-2-10						11/12/1997				
2. Principal Place of Business			2a. Mailing Address			'	4. FEI Number 3767833 Applied Fo				
Suite, Apt. #, etc			Suite, Apt. #, etc.				36-0	10000			Applicable
22			7				5. Certificate of Status Dosired S8.75 Additional Fee Required				
City & State			Cily & Stale			7	6. Election Campa	ign Financing	\$	5.00 м	av Be
23			ı]				Trust Fund Contribution Added to Fees				
ZŧÞ	Country	ļ	Zip	Country			8. This corporation	owes or has paid	^		
24	25	29	nara jangana menangan samanan	30	····			rty Tax due June 30			No
	9. Name and Address of Cu		ered Agent				0. Name and Add	Iress of New Regis	stered Agen	<u> </u>	
	XIS DOCUMENT SERVICES I	NC.		81	Na	ame					
3953 W.W. KELLEY RD.			B2 Street Ad			treet Address	ddress (P.O. Box Number is Not Acceptable)				
TA	ILLAHASSEE FL 32311										
				83							
				84	Ci	itv	 		ema 85	Zip Co	do
						•			FL	'	ļ
 Pursuant office or 	to the provisions of Sections 607 registered agent, or both, in the Sam familiar with, and accept the c	.0502 and 603 State of Florida	7.1508, Florida Statu a. Such change was	tes, the above authorized by	o-na 7 the	imed corporat corporation's	lion submits this st s board of directors	atement for the purps. I hereby accept t	pose of char he appointm	ging its r ent as re	egistered gistered
	am familiar with, and accept the c	bligations of,	Section 607.0505, FI	orida Statutes	3.						
SIGNATURE	Signature, typed or printed name of registers	id agent and the if	applicable (NO	TE flegistered Age	nt sig	gnature required wh	en reinstating)		DATE		
12.	OFFICERS	AND DIRECT	IORS	13.			ADDITIONS/CHA	NGES TO OFFICER	RS AND DIRE	CTORS	IN 12
TITLE			DELETE	1.1 TO LE					□ C	hange	Addition
NAME	BERLIN, JOSEPH			1.2 NAME							
STREET ADDRESS	29 E. MADISON ST., STE	. 1800		1.3 STREET	ADDE	RESS					
CITY-S1-ZIP	CHICAGO IL 60602			1.4 CITY - S	1 - ZIF	P					
TITLE	D		DELETE	2.1 TITLE					C	hange	Addition
NAME	HAGGERTY, WILLIAM IV			2.2 NAME							
STREET ADDRESS	29 E. MADISON ST., STE	. 1800		2.3 \$TR£F1	ADDI	RESS					
CITY-ST-ZIP	CHICAGO IL 60602			2. 4 City-5	ST - 711	IP					
TITLE	D		DELETE	3.1 TITLE		1			□ C	hange	Addition
NAME	HANDLER, THOMAS			3.2 NAME							
STREET ADDRESS	29 E. MADISON ST., STE	. 1800		3.3 STREET	ADDE	RESS					
CITY-ST-ZIP	CHICAGO IL 60602			3.4 CITY-S	ST - ZH	f: [
TITLE	D		DELETE	4.1 TITLE						hange	Addition
NAME	SPIEGEL, STEVEN			4. 2 NAME		ĺ					
STREET ADDRESS	29 E. MADISON ST., STE	. 1800		4.3 STREET	ADDF	RESS					į
CITY-S1-ZP	CHICAGO IL 60602			4.4 CITY-S	1- ZIP	P .					
TITLE	PCEO		☐ DELETE	5.1 TITLE		ĺ			□ c	hange [Addition
NAME	MARKS, DANIEL H			5.2 NAME							
STREET ADDRESS	29 E. MADISON ST., STE	. 1800		5.3 STREET	ADDF	RESS					
CITY-ST-ZIP	CHICAGO IL 60602			5.4 CITY-S	1 - ZIP	Р					
TITLE	V	- ·	☐ DELFTE	6.1 TITLE					□ c	hange	Addition
NAME	SCHOEPHOESTER, DANII			6.2 NAME							į
STREET ADDRESS	29 E. MADISON ST., STE	. 1800		6.3 STREET	ADDE	RESS					[
CHY-ST-ZIP	CHICAGO IL 60602			6.4 CHY-S	1 - ZIP	p					
44 Lhoroby	certify that the information supplied	or with this file	ud does not qualify f	or the evenin	tion	stated in Sec	tion 119 07(3)(i) F	lorida Statutes, I fur	ther certify the	at the in	formation

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 conorminon or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutos; and that my name appears in Block 12 or Block 13 if changed on an attachment with an address.

CHATURE THE TONION DIR AR FINANCE

3/1-630-2500