0224199-90151-043-$150.00-$150.00

PROFIT CORPORATION ANNUAL REPORT

1999

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

APPROVED
APR 99 PM 12:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F97000005978

1. Corporation Name
ULTRA STORES, INC.

[redacted]

Principal Place of Business	Mailing Address
29 E. MADISON ST., STE. 1800 CHICAGO IL 60602	29 E. MADISON ST., STE 1800 CHICAGO IL 60602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1997

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 36-3767833 ☐ 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	10. Name and Address of New Registered Agent
LEXIS DOCUMENT SERVICES INC. 3953 W.W. KELLEY RD. TALLAHASSEE FL 32311	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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BERLIN, JOSEPH		1.2 NAME		
STREET ADDRESS	29 E. MADISON ST., STE. 1800		1.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60602		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HAGGERTY, WILLIAM IV		2.2 NAME		
STREET ADDRESS	29 E. MADISON ST., STE. 1800		2.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60602		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HANDLER, THOMAS		3.2 NAME		
STREET ADDRESS	29 E. MADISON ST., STE. 1800		3.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60602		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SPIEGEL, STEVEN		4.2 NAME		
STREET ADDRESS	29 E. MADISON ST., STE. 1800		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60602		4.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MARKS, DANIEL H		5.2 NAME		
STREET ADDRESS	29 E. MADISON ST., STE. 1800		5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60602		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SCHOEPHOESTER, DANIEL J		6.2 NAME		
STREET ADDRESS	29 E. MADISON ST., STE. 1800		6.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL 60602		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: [signature] SIGNATURE OF DIRECTOR OF FINANCE 3/1/99 312 630-2500 x215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] Pres & CEO
DANIEL H. MARKS 3/19/99

CR2E034 (11/98)