2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

6/1

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 015 ***400.00
06-18-2004 90004 036 ***150.00

04062886

MOORE CR2E034 (11/03)

DOCUMENT # F99000001472

1. Entity Name
IMACX, INC.

Principal Place of Business
400 N. MICHIGAN AVE.
2ND FLR
CHICAGO IL 60611

Mailing Address
400 N. MICHIGAN AVE.
2ND FLR
CHICAGO IL 60611

2. Principal Place of Business: 209 S. LaSalle St.
Suite, Apt. #, etc.: Ste 300
City & State: Chicago, IL
Zip: 60604 Country:

3. Mailing Address: C/O CIT GROUP
Suite, Apt. #, etc.: 1320-1
City & State: Livingston NJ
Zip: 07039 Country: Essex

4. FEI Number: 41-1929210 [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired [ ] $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. [ ] $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	T	[ ] Delete	TITLE: Director	[x] Change [ ] Addition
NAME	CHRISTIOPHER, SHERYL		NAME	
STREET ADDRESS	180 EAST 5TH STREET		STREET ADDRESS: 60 Livingston Ave. 3rd floor	
CITY-ST-ZIP	SAINT PAUL MN 55101		CITY-ST-ZIP: St Paul, MN 55107-2292	
TITLE	AS	[ ] Delete	TITLE: Director	[x] Change [ ] Addition
NAME	KAPLAN, EVE		NAME	
STREET ADDRESS	180 EAST 5TH STREET		STREET ADDRESS: 60 Livingston Ave. 3rd floor	
CITY-ST-ZIP	SAINT PAUL MN 55101		CITY-ST-ZIP: St. Paul, MN 55107-2292	
TITLE	P	[ ] Delete	TITLE	[x] Change [ ] Addition
NAME	CHILD, PATRICIA M		NAME	
STREET ADDRESS	400 N. MICHIGAN AVE. 2ND FLR		STREET ADDRESS: 209 S. LaSalle St. Ste 300	
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP: Chicago, IL 60604	
TITLE	VP	[ ] Delete	TITLE	[x] Change [ ] Addition
NAME	ROSAL, MELISSA A		NAME	
STREET ADDRESS	400 N. MICHIGAN AVE. 2ND FLR		STREET ADDRESS: 209 S. LaSalle St. Ste 300	
CITY-ST-ZIP	CHICAGO IL 60611		CITY-ST-ZIP: Chicago, IL 60604	
TITLE	D	[ ] Delete	TITLE	[x] Change [ ] Addition
NAME	ARVIN, NANCY J		NAME	
STREET ADDRESS	601 SECOND AVENUE SOUTH		STREET ADDRESS: 209 S. LaSalle St. Ste 300	
CITY-ST-ZIP	MINNEAPOLIS MN 55407		CITY-ST-ZIP: Chicago, IL 60604	
TITLE		[ ] Delete	TITLE	[ ] Change [ ] Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Patricia M. Child PATRICIA M. CHILD PRESIDENT 3/22/2004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #