# 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 | Mailing Address |
|---|---|
| 400 N. MICHIGAN AVE.<br>2ND FLR<br>CHICAGO IL 60611 | 400 N. MICHIGAN AVE.<br>2ND FLR<br>CHICAGO IL 60611 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 209 S. LaSalle St. | C/O CIT GROUP |
| Suite, Apt. #, etc.<br>Ste 300 | Suite, Apt. #, etc.<br>1320-1 |
| City & State<br>Chicago, IL | City & State<br>Livingston NJ |
| Zip / Country<br>60604 | Zip / Country<br>07039 / 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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 / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>CHRISTIOPHER, SHERYL<br>180 EAST 5TH STREET<br>SAINT PAUL MN 55101 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br><br>60 Livingston Ave. 3rd floor<br>St Paul, MN 55107-2292 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>KAPLAN, EVE<br>180 EAST 5TH STREET<br>SAINT PAUL MN 55101 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | Director<br><br>60 Livingston ave. 3rd floor<br>St. Paul, MN 55107-2292 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>CHILD, PATRICIA M<br>400 N. MICHIGAN AVE. 2ND FLR<br>CHICAGO IL 60611 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br><br>209 S. LaSalle St. Ste 300<br>Chicago, IL 60604 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VP<br>ROSAL, MELISSA A<br>400 N. MICHIGAN AVE. 2ND FLR<br>CHICAGO IL 60611 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br><br>209 S. LaSalle St. Ste 300<br>Chicago, IL 60604 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>ARVIN, NANCY J<br>601 SECOND AVENUE SOUTH<br>MINNEAPOLIS MN 55407 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | <br><br>209 S. LaSalle St. Ste 300<br>Chicago, IL 60604 | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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 #