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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G30131

(8)

CHICAGO CUTLERY, INC.

"		

FILED May 07 1997 8:00am Secretary of State

Principal Place of Business 1536 BEECH STREET P.O. BOX 4066 TERRE HAUTE IN 47804		1536 BEECH P.O. BOX 4	Mailing Address 1536 BEECH STREET P.O. BOX 4068 TERRE HAUTE IN 47804-0066							
							3. Date Incorporated or Qualified 03/23/1983	· l	Date of Last R	eport
2. Principal Place of Business 2a. M.			Mailing Address				4. FEI Number	05/01/1996 Applied For		
21 26										t Applicable
Suite, Apt.	#, etc.	Suite, <i>I</i>	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	e	City & :	City & State				6. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution Added to Fees			
Zip 24	Country 25	2ip	2ip Country			· · · · · · · · · · · · · · · · · · ·	8. This corporation has liability for intangible tax under s. 199 032. Florida Statutes X Yes □ No			
	9. Name and Address of Curre		gent	1001			10. Name and Address of New Re			
COR	PORATION SERVICE COMPANY	1			81	Name				
1201	HAYS STREET		}		82	Street Addr	ess (P.O. Box Number is Not Accepta	ble)	· · · · · · · · · · · · · · · · · · ·	
TALL	AHASSEE FL 32301				83					
}				ļ	0.5					
					84	City		FI	85 Zip (Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	02 and 607.1508 o of Florida. Such pations of, Section	, Florida Statu i change was n 607.0505, Fl	tes, the at authorized lorida Stat	d by utes	-named corp the corporati	oration submits this statement for the jon's board of directors. I hereby acce	purpose opt the ap	of changing it pointment as	s registered registered
	Signature, typed or printed name of registered as		le. (NO		1 Age	nt signature requin	ed when reinstating)	DATE		,
12.	OFFICERS AN	ID DIRECTORS	DELETE	13.	11.6		ADDITIONS/CHANGES TO OFFI	CERS AN	D DIRECTOR Change	S IN 12 Addition
NAME	MULLER, JOHN H.		La otten	12 N/					ondings	
STREET ADDRESS	46 CHRISTIE HILL RD.					ADDRESS				
CITY-ST-ZIP	DARIEN CT			1,4 CI	TY-SI	I - ZIP]
TITLE	PD		DELETE	2.1]	ILE				Change	Addition
NAME	SAXTON, PAUL A.			2.2 N/						į
STREET ADDRESS	96 ALLENDALE TERRE HAUTE IN					ADDRESS			1.1	2012
CITY-ST-ZIP	VTD		DELETE	2.40 31 TII		1 - ZIP			Change	X Addition
NAME	GRAY, ROBERT L.			3.2 N/		1				• •
STREET ADDRESS	7000 MANOR PLACE			3.3 ST	REEL	ADDRESS				
CITY-ST-ZIP	TERRE HAUTE IN			3.4. C		T · ZIP			4	7802
TITLE	VSD		DELETE	4.1 TJT		}			L Change	Addition
NAME OTREET ADDRESS	KULLA, RAYMOND J.			4 2 N		ADDRESS				
STREET ADDRESS CITY-ST-ZIP	605 PUTTER POINT TERRE HAUTE IN			4.3 ST						47850
TITLE			DELETE	511					Change	Addition
NAME				5.2 NA	ME					
STREET ADDRESS				53 ST	REFT,	ADDRESS				}
CITY-ST-ZIP			D NELEYS	5.4 Cf		I - ZIP			[] (c)	
TITLE			DELETE	6111		1			☐ Change	Addition
NAME STREET ADDRESS				6.2 NA		ADINDECE				
CITY-ST-ZIP				6.3 ST 6.4 CT		ADDRESS L- ZIP				1
0111-01-24	L			0.4 01	ال	1 611				

14. I do 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 ceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 12 if circumpti, or in an attachment with an address

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(812)232-1801