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

FILED Mar 30 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # G30131 (8)CHICAGO CUTLERY, INC. Principal Place of Business Mailing Address 1536 BEECH STREET 1536 BEECH STREET P.O. BOX 4066 P.O. BOX 4066 TERRE HAUTE IN 47804 TERRE HAUTE IN 47804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/23/1983 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 41-1462222 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 30 X Yes 24 25 29 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY 81 Name 1201 HAYS STREET 82 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **X** DELETE Change TITLE 1.1 TOTLE MULLER, JOHN H. NAME 1.2 NAME CR2E034 46 CHRISTIE HILL RD. STREET ADDRESS 1.3 STREET ADDRESS **DARIEN CT** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITLE 2.1 TITLE SAXTON, PAUL A. NAME 2.2 NAME 96 ALLENDALE STREET ADDRESS 2.3 STREET ADDRESS TERRE HAUTE IN CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE * DELETE VTD Change **Y**Addition 3.1 T(T) # GRAY, ROBERT L. SCALES, MARK S. NAME 3.2 NAME 7000 MANOR PLACE 7413 S. WESTWOOD LANE STREET ADDRESS 3.3 STREET ADDRESS TERRE HAUTE IN CITY-ST-ZIP 3.4. CITY - ST - ZIP TERRE HAUTE, IN 47802 X Change DELETE Addition TITLE 4.1 TOLE KULLA, RAYMOND J. NAME 4.2 NAME **605 PUTTER POINT** 4172 CART PATH COURT STREET ADDRESS 4.3 STREET ADDRESS TERRE HAUTE IN CITY-ST-ZIP 4.4 CITY - ST - ZIP TERRE HAUTE, IN 47802 DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS DITY-ST-ZIP 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 armual 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 disponent with an address.

SIGNATURE:

(812)232-1000