SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST [illegible], 1995.
AMOUNT DUE ON OR BEFORE [illegible]: $[illegible] (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $[illegible])

PROFIT CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

DOCUMENT # H64147 (2)

1. Corporation Name
MUNCH KIT, INC.

Principal Place of Business
414 NORTH ORLEANS STREET
SUITE 705
CHICAGO IL 60610
US

Mailing Address
414 NORTH ORLEANS STREET
SUITE 705
CHICAGO IL 60610
US

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

3. Date Incorporated or Qualified: 06/21/1985
3a. Date of Last Report: 07/21/1994
4. FEI Number: 59-2557999 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. **Name and Address of Current Registered Agent**

BEYER, DAVID A., ESQ.
C/O RUDNICK & WOLFE
101 E. KENNEDY BLVD., SUITE 2000
TAMPA FL 33602

10. **Name and Address of New Registered Agent**

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**

TITLE	PD
NAME	ELLIOTT, MERILEE B.
STREET ADDRESS	414 NORTH ORLEANS STREET, SUITE 705
CITY-ST-ZIP	CHICAGO IL
TITLE	VST
NAME	GINSBURG, SHELDON H.
STREET ADDRESS	40 SKOKIE BLVD., #500
CITY-ST-ZIP	NORTHBROOK IL
TITLE	D
NAME	KOUKAS, PETER J.
STREET ADDRESS	447 HAZEL AVE.
CITY-ST-ZIP	HIGHLAND PARK IL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VST	☒ Change ☐ Addition
2.2 NAME	ELLIOTT, MERILEE B.	
2.3 STREET ADDRESS	414 NORTH ORLEANS STREET, # 705	
2.4 CITY-ST-ZIP	CHICAGO IL 60610	
3.1 TITLE	MR. Peter Koukas is	☒ Change ☐ Addition
3.2 NAME	No longer Director with	
3.3 STREET ADDRESS	Munch Kit, Inc.	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] 312-644-6388
Signature and typed or printed name of signing officer or director — Date — Daytime Phone #

CR2E034 (3/95)

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