

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

FILED

May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J74270

(6)

1. Corporation Name

SERVICE SAVER, INCORPORATED

Principal Place of Business

123 NORTH WACKER DRIVE
26TH FLOOR
CHICAGO IL 60606
US

Mailing Address

123 N. WACKER DR 26TH FLR
CHICAGO IL 60606-1700
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 P.O. Box 8264
Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/26/1987

3a. Date of Last Report

05/01/1996

4. FEI Number

36-3523576

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME O'BRIEN, KEVIN
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE AVP
NAME GROB, ROBERT
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL ☒ DELETE

TITLE VP
NAME HANNER, JEROME S
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE S
NAME LORENZ, HUGO A
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE DC
NAME COLE, DAVID L
STREET ADDRESS 123 N. WACKER DRIVE
CITY-ST-ZIP CHICAGO IL ☐ DELETE

TITLE T
NAME RABIN, PAUL I
STREET ADDRESS 123 N WACKER DR
CITY-ST-ZIP CHICAGO IL ☒ DELETE

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 ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

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 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

Susan M Fyda 4/29/97 817-21-3978

CR2E034 (9/96)