

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **J95487** (1)

1. Corporation Name

ROCKFORD PROFESSIONAL BASEBALL CLUB, INC.

Principal Place of Business

101 5TH AVENUE
1200 SOUTH PINE ISLAND ROAD
ROCKFORD IL 61104
US

Mailing Address

435 N MICHIGAN AVENUE
SUITE 600
CHICAGO IL 60611
US



2. Principal Place of Business

2a. Mailing Address

21

26

State, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/02/1987

3a. Date of Last Report

05/01/1995

4. FCI Number

59-2849271

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or New Registered Agent (if applicable)

Signature of Registered Agent (if applicable, required when changing)

(Date)

12. OFFICERS AND DIRECTORS

1. TITLE	PD	☐ DELETE
2. NAME	MCGUIRE, MARK	
3. STREET ADDRESS	1060 WEST ADDISON	
4. CITY - ST - ZIP	CHICAGO IL	
1. TITLE	S	☐ DELETE
2. NAME	GRADOWSKI, STANLEY J.	
3. STREET ADDRESS	435 NORTH MICHIGAN AVENUE	
4. CITY - ST - ZIP	CHICAGO IL	
1. TITLE	VT	☐ DELETE
2. NAME	KOWAL, CONRAD	
3. STREET ADDRESS	1060 WEST ADDISON STREET	
4. CITY - ST - ZIP	CHICAGO IL	
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		
1. TITLE		☐ DELETE
2. NAME		
3. STREET ADDRESS		
4. CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1.1 TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
2. 1.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
3. STREET ADDRESS	
4. CITY - ST - ZIP	
3. 1.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
4. CITY - ST - ZIP	
4. 1.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5. 1.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6. 1.1 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)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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:

Stanley J. Gradowski

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-96

(312)222-4144

Date

Day/Phone no.

CR2E034 (12/95)