


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2004 8:00 am
Secretary of State

02-20-2004 90018 050 ***150.00

DOCUMENT # L86539 1. Entity Name FLORIDA ENVELOPE COMPANY	
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Principal Place of Business 9208 PALM RIVER ROAD SUITE 302 TAMPA, FL 33619	Mailing Address C/O GRIFFITH & JACOBSON, LLC 55 W. MONROE, STE. 3550 CHICAGO, IL 60603 IL
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01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-3725043	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301	DO NOT WRITE IN THIS SPACE
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____	DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURGESS, HARLAN 301 ARTHUR CT BENSENVILLE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECKAUS, RICHARD 301 ARTHUR CT BENSENVILLE, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SEROKA, KENNETH 301 ARTHUR COURT BENSENVILLE, IL 60106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T NICKELL, DAVID 301 ARTHUR COURT BENSENVILLE, IL 60106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ken Seroka Ken Seroka, Secretary 2/1/04 (630) 616-2750
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)