


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P03992 1. Entity Name BOX USA GROUP, INC.	
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Principal Place of Business 2100 SANDERS RD. SUITE 200 NORTHBROOK, IL 60062-6141	Mailing Address 2100 SANDERS RD. SUITE 200 NORTHBROOK, IL 60062-6141
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01202004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2994891	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
 1201 HAYS STREET
 TALLAHASSEE, FL 32301

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIEDMAN, HARVEY 2100 SANDERS RD STE 200 NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOS STONE, ROGER W 2100 SANDERS RD STE 200 NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCOT KAPLAN, MATTHEW 2100 SANDERS RD STE 200 NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAPMAN, JOHN 2100 SANDERS RD STE 200 NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MEHIEL, DENNIS 2100 SANDERS RD STE 200 NORTHBROOK, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEWART, S. JAY 2100 SANDERS RD STE 200 NORTHBROOK, IL 60062

U00000107133
 04/09/04-80002-025 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Timothy Tramy** 1/22/04 847-790-2409
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #