

**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.



Principal Place of Business
**2100 SANDERS RD.
SUITE 200
NORTHBROOK, IL 60062-6141**

Mailing Address
**2100 SANDERS RD.
SUITE 200
NORTHBROOK, IL 60062-6141**



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 ☐ **\$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**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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**

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04/09/04-80002-025 150.00

**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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/04
Date

847-790-2409
Daytime Phone #