

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P06014**

(5)

1. Corporation Name

STAR FORMS INCORPORATED

Principal Place of Business

**1515 FIFTH AVENUE
SUITE 400
MOLINE IL 61265-1384**

Mailing Address

**CST OFFICE PRODUCTS, INC.
540 WEST ALLENDALE DRIVE (ATTN: ACCOUNTS)
WHEELING IL 60090**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/14/1985	3a. Date of Last Report 03/21/1996
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4. FEI Number 36-3360400	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Place of Business

21 **540 W Alendale Drive**

Suite, Apt. #, etc.

22 **Wheeling IL**

City & State

23 **Wheeling IL**

Zip Country

24 **60090 Cook**

25 **Cook**

26 **540 W Alendale Drive**

Suite, Apt. #, etc.

27 **Wheeling IL**

City & State

28 **Wheeling IL**

Zip Country

29 **60090 Cook**

30 **Cook**

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	85 Zip Code
			FL	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	SAIDMAN, SHELDON	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		1515 5TH AVE SUITE 400	
CITY-ST-ZIP		MOLINE IL 61265	
TITLE	SVP	TONTADONATO, DENIS	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		1515 5TH AVE SUITE 400	
CITY-ST-ZIP		MOLINE IL 61265	
TITLE	V	MCDOWELL, RAY	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		1515 5TH AVE SUITE 400	
CITY-ST-ZIP		MOLINE IL 61265	
TITLE	V	GOODWIN, ROGER	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		1515 5TH AVE SUITE 400	
CITY-ST-ZIP		MOLINE IL 61265	
TITLE	S	SHIBA, WENDY C	<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS		65 LATOUR WAY	
CITY-ST-ZIP		GREER SC 29650	
TITLE			<input checked="" type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Acting President & CEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	John Rutledge	
1.3 STREET ADDRESS	2 Louder Way	
1.4 CITY-ST-ZIP	Greenwich, CT 06830	
2.1 TITLE	VP Finance & Admin	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Kevin Shelanor	
2.3 STREET ADDRESS	248 EQUESTRIAN Way	
2.4 CITY-ST-ZIP	Hawthorn Woods, IL 60047	
3.1 TITLE	Exec. Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Larry Newman	
3.3 STREET ADDRESS	181 Amherst Drive	
3.4 CITY-ST-ZIP	Bartlett, IL 60103	
4.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jerry St. Dennis	
4.3 STREET ADDRESS	9 Old Stamford Road #35	
4.4 CITY-ST-ZIP	Stamford, CT 06905	
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Michael Gordon	
5.3 STREET ADDRESS	20 Irvine Cove Place	
5.4 CITY-ST-ZIP	Laguna Beach, CA 92651	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200002298852	
6.3 STREET ADDRESS	-09/22/97--01015--008	
6.4 CITY-ST-ZIP	***558.75	

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:

[Handwritten Signature] **7/21/97 647-459-7600**

CR2E034 (4/97)