

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P13647

(3)

1. Corporation Name

PREMARK SERVICES, INC.



Principal Place of Business

1717 DEERFIELD RD  
DEERFIELD IL 60015

Mailing Address

1717 DEERFIELD RD  
DEERFIELD IL 60015

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

03/17/1987

3a. Date of Last Report

05/01/1995

4. FEI Number

36-3464514

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

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

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 607.0535, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	BATTS, WARREN L.	1717 DEERFIELD RD.	DEERFIELD IL	<input type="checkbox"/>
S	ROEHLK, THOMAS M. (ASST)	1717 DEERFIELD RD.	DEERFIELD IL	<input type="checkbox"/>
V	FLETCHER, L. JOHN	1717 DEERFIELD RD.	DEERFIELD IL	<input type="checkbox"/>
V	RICHARDSON, LISA K	1717 DEERFIELD RD.	DEERFIELD IL	<input type="checkbox"/>
VDS	COSTIGAN, JOHN M.	1717 DEERFIELD RD.	DEERFIELD IL	<input type="checkbox"/>
T	SKATOFF, LAWRENCE B	1717 DEERFIELD RD	DEERFIELD FL	<input type="checkbox"/>

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-96

847-405-6000

CR2E034 (12/95)

2-3  
PREMARK INTERNATIONAL, INC.  
TAX DEPARTMENT  
1717 DEERFIELD ROAD  
DEERFIELD, ILLINOIS 60015

05/01/96

DIVISION OF CORPORATIONS  
P.O. BOX 1500

TALLAHASSEE FL 32302-1500


RE: TAXPAYER : PREMARK SERVICES, INC.  
FED. I.D. NO. : 36-3464514  
TYPE OF TAX : Annual Report  
LIABILITY YEAR : 96  
TYPE OF PAYMENT : Return  
AMOUNT : 200.00

GENTLEMEN OR MADAM:

ENCLOSED WITHIN IS THE RETURN AND/OR PAYMENT INDICATED  
ABOVE FOR THE SUBJECT TAXPAYER.

KINDLY ACKNOWLEDGE RECEIPT OF THE ENCLOSED BY PLACING  
YOUR OFFICIAL STAMP ON THE DUPLICATE COPY OF THIS LETTER  
AND RETURNING SAME TO OUR OFFICE.

VERY TRULY YOURS,

  
PATRICIA A. THOMPSON  
DIRECTOR, STATE TAXES

3-3  
PREMARK INTERNATIONAL, INC.  
TAX DEPARTMENT  
1717 DEERFIELD ROAD  
DEERFIELD, ILLINOIS 60015

05/01/96

DIVISION OF CORPORATIONS  
P.O. BOX 1500

TALLAHASSEE

FL 32302-1500

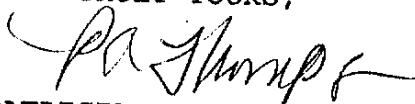
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