

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
03/17/1987

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 36-3464514		Applied For <input type="checkbox"/> Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		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			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C RINGER, JAMES M	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD.	1.2 NAME	
STREET ADDRESS	DEERFIELD IL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	AT JOHNSON, CARL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD.	2.2 NAME	
STREET ADDRESS	DEERFIELD IL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V FLETCHER, L. JOHN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD.	3.2 NAME	
STREET ADDRESS	DEERFIELD IL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V MANCUSO, GREGORY J	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD.	4.2 NAME	
STREET ADDRESS	DEERFIELD IL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	VDS COSTIGAN, JOHN M.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD.	5.2 NAME	
STREET ADDRESS	DEERFIELD IL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	VP SKATOFF, LAWRENCE B	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1717 DEERFIELD RD	6.2 NAME	
STREET ADDRESS	DEERFIELD FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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:

Carl Johnson

4/13/98

CR2E034 (10/97)