

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

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P15344			
1. Corporation Name Scandinavian Health Spa, Inc.			
Principal Place of Business 8700 W Bryn Mawr Ave. 2nd Floor Chicago, IL 60631		Mailing Address 8700 W Bryn Mawr Ave. 2nd Floor Chicago, IL. 60631	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified 6/26/72	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country
25	26	27	28
29		30	
9. Name and Address of Current Registered Agent C T Corporation System 1200 South 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 607.1506, 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	See Attached	1.1 TITLE	Change Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE		2.1 TITLE	Change Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		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, with all other like empowered.

SIGNATURE: Albert Barsky 4/30/99 773/380-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Scandinavian Health Spa, Inc.
Lists of Officers
As of 6/2/99

- | | | |
|---|--|-----------------|
| 1. Lee S. Hillman | President and Chief Executive Officer | SS# 325-48-4787 |
| 8700 W. Bryn Mawr Ave. Chicago, IL. 60631 | | (773)380-3000 |
| 2. Cary A. Gaan | Senior Vice President and Secretary | SS# 348-40-8291 |
| 8700 W. Bryn Mawr Ave. Chicago, IL. 60631 | | (773)380-3000 |
| 3. John W. Dwyer | Senior Vice President, CFO and Treasurer | SS# 330-48-9986 |
| 8700 W. Bryn Mawr Ave. Chicago, IL. 60631 | | (773)380-3000 |
| 4. Linda B. Motz | Assistant Secretary | SS# 348-38-4268 |
| 8700 W. Bryn Mawr Ave. Chicago, IL. 60631 | | (773)380-3000 |
| 5. Earl Acquaviva | Assistant Secretary | SS# 217-74-2452 |
| 300 E. Joppa Towson, MD 21204 | | (410)296-8800 |
| 6. Albert Barsky | Assistant Treasurer | SS# 349-34-9681 |
| 8700 W. Bryn Mawr Ave. Chicago, IL. 60631 | | (773)380-3000 |
| 7. Susan R. Rehorst | ○ | SS# 358-58-9522 |
| 8700 W. Bryn Mawr Ave. Chicago, IL. 60631 | | (773)380-3000 |