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May 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P18295

1. Corporation Name

FORT DEARBORN LITHOGRAPH COMPANY

(6)
NC 11-25

Principal Place of Business

6035 W. GROSS PT. RD.
NILES IL 60714
US

Mailing Address

6035 W. GROSS PT. RD.
NILES IL 60714-4027
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/04/1988

3a. Date of Last Report

05/01/1996

4. FEI Number

36-1090830

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

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST.
STE. 105
TALLAHASSEE FL 32301

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

TITLE PD
NAME ADLER, THOMAS W.
STREET ADDRESS 6035 W. GROSS POINT RD.
CITY-ST-ZIP CHICAGO IL

DELETE

TITLE VTD
NAME ADLER, JEROME M.
STREET ADDRESS 6035 W. GROSS POINT RD.
CITY-ST-ZIP CHICAGO IL

DELETE

TITLE SD
NAME ADLER, RICHARD J.
STREET ADDRESS 6035 W. GROSS POINT RD.
CITY-ST-ZIP CHICAGO IL

DELETE

TITLE AS
NAME MOORHOUSE, JEFFREY B.
STREET ADDRESS 506 15TH STREET
CITY-ST-ZIP MOBILE IL

DELETE

TITLE V
NAME LEVIN, HARVEY A.
STREET ADDRESS 506 15TH STREET
CITY-ST-ZIP MOBILE IL

DELETE

TITLE AS
NAME ADLER, THOMAS J.
STREET ADDRESS 6035 W. GROSS POINT RD.
CITY-ST-ZIP CHICAGO IL

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

800002198088

-06/02/97--01115--022

***165.00

5-19-97

VP OF FINANCE
ROBERT M. DOMBRO

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)