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

FILED May 13, 1999 8:00 am Secretary of State

05-13-1999 90003 029 ***150.00

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1. Corporation Name

Design Horizons International, Inc.								,		
Principal Plac	e of Business	Mailing Ad	idress							
F.0.0										
520 West Erie, Ste 230				DO NOT WRITE IN THIS SPACE						
Chicago, IL 60610				1	3. Date Incorporated or Qualifed					
							September 1,	1989		
2. Principal P	Place of Business	2a. Mailing	Address				4. FEI Number		A	oplied For
21		26					36-3596104		N	lot Applicable
Suite, Apt.	t. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional		
22	27						Fee F	Required		
City & Sta	te	City &	State			ł	6. Election Campaign Financia	ng 🗆		May Be
7:-	Country	28 Zin		Country			Trust Fund Contribution			to Fees
Zip		Country Zip Countr		~n			8. This corporation owes the o	urrent year Int	langible Yes	□No
24	9. Name and Address of Current	29 Pagistared A	gent 30	<u>'</u> _			Personal Property Tax. 10. Name and Address of Ne	w Registered		
<u> </u>	5. Name and Address of Current	registered A	yent	81	Name		To. Hame and Address of the	W Itegiolated	<u> </u>	
The	Prentice-Hall Corpor	ation Sy	stem Inc.							
	Hays Street, Ste 10	-	,	82	Street	t Addres	s (P.O. Box Number is Not Acce	eptable)		
	ahassee, FL 32301			83						
	•									
				84	City			FL	85 Zip	Code
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such	change was auth	orized by	the corp	d corpora	ation submits this statement for to board of directors. I hereby ac	he purpose of	changing it ntment as r	s registered egistered
agent, I a	m familiar with, and accept the obligation	ons of, Section	1 FU/.0505, Florida	a Statutes.	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if	(NOTE: Re	gistered Agen	t signature	required w	hen reinstating)	DATE		
12.	OFFICERS AND			13.	- angritation o	roquiso ii	ADDITIONS/CHANGES TO		ID DIRECT	ORS IN 12
TITLE	Chairman & Director		☐ DELETE	1.1 TITLE		Ţ			☐ Change	☐ Addition
NAME	Jorie Ford Butler			1.2 NAME						
STREET ADDRESS		Ste	211	1.3 STREET	ADDRESS	5				1
CITY-ST-ZIP	Oak Brook, IL 6052		211	1.4 CITY-ST	Γ-ZIP					
TITLE	President & Directo		☐ DELETE	2.1 TITLE					☐ Change	☐ Addition
NAME	Carl Miller	L		2.2 NAME		Ì				
STREET ADDRESS	3055 Cardinal Dr.,	S+a 200	,	2.3 STREET	ADDRESS	ì				1
CITY-ST-ZIP	Vero Beach, FL 329	63		2. 4 CITY-ST-ZIP						
TITLE	Secretary & Directo		☐ DELETE	3.1 TITLE					☐ Change	Addition
NAME	Jorie Butler Shober	•		3.2 NAME						
STREET ADDRESS	1520 Kensington Road	d. Ste-	211	3.3 STREET	ADDRESS	5				
CITY-ST-ZIP	Oak Brook, IL 6052	L		3.4, CITY-S	T-ZIP	<u> </u>		<u>.</u>		
TITLE	Treasurer & Directo		☐ OELETE	4.1 TITLE			•		☐ Change	Addition
NAME	Geoffrey J.W. Kent			4. 2 NAME						1
STREET ADDRESS	Bahati, Masai Lane			4.3 STREET		3	,			
CITY-ST-ZIP	Langatar, Kenya			4.4 CITY-ST	-ZIP	ļ.—_			Channe	- Addison
TITLE	Assistant Secretary		☐ DELETE	5.1 TITLE 5.2 NAME					☐ Change	Addition
NAME	Norma Cooke	a. ^		5.3 STREET	ADDPESS					
STREET ADDRESS	1520 Kensington Rd.		:11	5.4 CITY-ST						
CITY-ST-ZIP TITLE	Oak Brook, IL 6052	L	☐ DELETE	6.1 TITLE	- £II"	+			☐ Change	Addition
			_ OCCLIL	6.2 NAME					- Sumide	
NAME CYPICET ADDRESS				6.3 STREET	ADDRESS					
STREET ADDRESS				64 CITY-ST						
CITY-ST-ZIP				. , 0,		1				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

PRESIDENT

4.21.94

541.234.8001

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