

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90379 001 ***450.00

DOCUMENT # P29701

1. Entity Name
HOOSIER FACTORIES INCORPORATED



Principal Place of Business
**5000 SOUTH OHIO ST.
MICHIGAN CITY, IN 46360**

Mailing Address
**5000 SOUTH OHIO ST.
MICHIGAN CITY, IN 46360**

66416710



2. Principal Place of Business

3. Mailing Address

c/o Hartmarx 101 N. Wacker

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Suite 2300

04192004 Chg-P CR2E034 (10/03)

City & State

City & State
Chicago, IL

4. FEI Number
35-1103970

Applied For
Not Applicable

Zip

Country

Zip
60606

Country
USA

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **BIEGEL, RICHARD L**
STREET ADDRESS **101 NORTH WACKER DRIVE SUITE 2300**
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE **President & Director** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **DV** ☐ Delete
NAME **HAGEN, AARON C**
STREET ADDRESS **101 NORTH WACKER DRIVE SUITE 2300**
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **MORGAN, GLEN R**
STREET ADDRESS **101 N WACKER DR**
CITY-ST-ZIP **CHICAGO, IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☐ Delete
NAME **ZAHR, ANDREW A**
STREET ADDRESS **101 N. WACKER DR.**
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **HOFFMAN, KENNETH A**
STREET ADDRESS **101 N WACKER DR**
CITY-ST-ZIP **CHICAGO, IL 60606**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☐ Delete
NAME **PROCZKO, TARAS R**
STREET ADDRESS **101 N WACKER DR**
CITY-ST-ZIP **CHICAGO, IL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Taras R. Proczko*

Taras R. Proczko, Secretary

4/19/04

(312) 357-5321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #