

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90235 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

**C/O HARTMARX  
101 N WACKER, STE. 2300  
CHICAGO IL 60606**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/04)

4. FEI Number

**35-1103970**

Applied For

Not Applicable

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, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

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

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

TITLE DV ☒ Delete  
NAME HAGEN, AARON C  
STREET ADDRESS 101 NORTH WAKER SRIVE SUITE 2300  
CITY-ST-ZIP CHICAGO IL 60606

TITLE ☐ Change ☒ Addition  
NAME Vice President  
STREET ADDRESS Donald K. Klink  
CITY-ST-ZIP 101 N. Wacker Dr., Suite # 2200  
Chicago, IL 60606

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 Director  
STREET ADDRESS Andrew A. Zahr  
CITY-ST-ZIP 101 N. Wacker Dr.  
Chicago, IL 60606

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME Treasurer  
STREET ADDRESS June M. Johnson  
CITY-ST-ZIP 101 N. Wacker Dr.  
Chicago, IL 60606

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**

**4/19/05**

**(312) 357-5321**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #