


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # P29701 1. Entity Name HOOSIER FACTORIES INCORPORATED	
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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
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DO NOT WRITE IN THIS SPACE



04192007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-1103970	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BIEGEL, RICHARD L 101 NORTH WACKER DRIVE SUITE 2300 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KLINK, DONALD K. 101 N. WACKER DRIVE, SUITE 2200 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORGAN, GLEN R 101 N WACKER DR CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ZAHR, ANDREW A 101 N. WACKER DR. CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PROCZKO, TARAS R 101 N WACKER DR CHICAGO, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHNSON, JUNE M. 101 N. WACKER DRIVE CHICAGO, IL 60606

U00000741910
05/15/07-80046-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Secretary, 4/20/07 312-357-5321

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #