## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # P30345**

1. Entity Name

USG INTERIORS INTERNATIONAL, INC.



FILED May 03, 2004 08:00 AM Secretary of State

Principal Place of Business

125 S. FRANKLIN ST. CHICAGO, IL 60606 US Mailing Address

125 S FRANKLIN ST 4TH FLOOR, DEPT 174 CHICAGO, IL 60606 US



DO NOT WRITE IN THIS SPACE 04212004

04212004	No Chg-P	CR2	E034 (10/03)
4. FEI Number			Applied For
34-1120332			Not Applicable
5. Certificate	of Status Desired		\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324

## DO NOT WRITE IN THIS SPACE

The above named entity submits this statement for the partner obligations of registered agent.	ourpose of changing its registered office or r	egistered agent, or both,	in the State of Florida I am familiar with, and accept	ρt	
SIGNATURE	ri 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 DIREC	CTORS				
TITLE PCEO  NAME METCALF, JAMES  STREET ADDRESS 125 S FRANKLIN ST  CITY-ST-ZIP CHICAGO, IL 60606			U00000155010 05/05/04-80018-022 150.00	. 🖘	
TITLE VP NAME RICHARD H. FLEMING STREET ADDRESS 125 S. FRANKLIN CITY-ST-ZIP CHICAGO, IL 60606					
TITLE VPCF NAME BELZ, RAYMOND STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606		DO NOT WRITE			
TITLE AS NAME FERGUSON, STANLEY L STREET ADDRESS 125 S. FRANKLIN ST CITY-S1-ZIP CHICAGO, IL 606064678		IN THIS SPACE			
TITLE S NAME TORREY, SUZANNE STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60606					
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this f	liting does not qualify for the examption state	od in Section 119 07/3Vih	Florida Statutes - Liurther certify that the information		

12. I hereby certify that the information supplied with this filling 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:

SUCHER AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

312 606-4000

Daytime Phone #