

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P35428

(2)

1. Corporation Name

MARKET DAY CORPORATION

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3: 06

Principal Place of Business

555 W PIERCE RD
SUITE 200
ITASCA IL 60143
US

Mailing Address

555 W PIERCE RD
SUITE 200
ITASCA IL 60143
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/09/1991

3a. Date of Last Report

02/15/1994

4. FEI Number

36-3003419

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature, typed or printed name of registered agent and the filer acceptable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PCD

NAME

BUTLER, GREGORY J.

STREET ADDRESS

555 W PIERCE RD SUITE 200

CITY- ST- ZIP

ITASCA IL

TITLE

V

NAME

SIVAK, WILLIAM S JR

STREET ADDRESS

555 W PIERCE RD SUITE 200

CITY- ST- ZIP

ITASCA IL

TITLE

VST

NAME

TEMPLE, TRUDI R.

STREET ADDRESS

555 W PIERCE RD SUITE 200

CITY- ST- ZIP

ITASCA IL

TITLE

D

NAME

TEMPLE, TRUDI R.

STREET ADDRESS

555 W PIERCE RD SUITE 200

CITY- ST- ZIP

ITASCA IL

TITLE

EVP

NAME

GRAMM, DENNIS H

STREET ADDRESS

555 W PIERCE RD SUITE 200

CITY- ST- ZIP

ITASCA IL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 recorder 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 any attachment with an address.

SIGNATURE: *Dr. [Signature]*

(Signature AND TYPED OR PRINTED NAME OF RECORDING OFFICER OR DIRECTOR)

EXHIBIT VP

2-9-95

(708) 285-1470