


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P35445</b>		<b>(6)</b>	
1. Corporation Name <b>ULTIMATE OUTLET INC.</b>			



Principal Place of Business	Mailing Address
<b>% TAX DEPT</b> <b>3500 LACEY RD</b> <b>DOWNERS GROVE IL 60515</b>	<b>% TAX DEPT</b> <b>3500 LACEY RD</b> <b>DOWNERS GROVE IL 60515-5431</b>

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country		2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country		3. Date Incorporated or Qualified <b>09/10/1991</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>36-3496360</b>		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>\$8.75 Additional Fee Required</b> <b>\$5.00 May Be Added to Fees</b>	

9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.</b> <b>110 NORTH MAGNOLIA STREET</b> <b>TALLAHASSEE FL 32301</b>				10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. City 84. 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIEVES, JAMES W	1.2 NAME	
STREET ADDRESS	3500 LACEY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	1.4 CITY-ST-ZIP	
TITLE	VSD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, MICHAEL R.	2.2 NAME	
STREET ADDRESS	3500 LACEY RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STEELE, JOHN R	3.2 NAME	
STREET ADDRESS	3500 LACEY RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	3.4 CITY-ST-ZIP	
TITLE	AD	4.1 TITLE	Asst. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIVIS, DEBORAH B	4.2 NAME	
STREET ADDRESS	3500 LACEY RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	4.4 CITY-ST-ZIP	
TITLE	CD	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEA, JOHN J.	5.2 NAME	
STREET ADDRESS	3500 LACEY RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	DOWNERS GROVE IL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 receiver 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 an attachment with an address.

SIGNATURE: Deborah B. Divis (630) 718-2160  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Deborah B. Divis Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

CR2E034 (9/96)