


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

FILED
Apr 21, 1999 8:00 am
Secretary of State

04-21-1999 90102 037 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P35445					
1. Corporation Name ULTIMATE OUTLET INC.					
Principal Place of Business % TAX DEPT 3500 LACEY RD DOWNERS GROVE IL 60515			Mailing Address % TAX DEPT 3500 LACEY RD DOWNERS GROVE IL 60515		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 09/10/1991	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 36-3496360	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Country 25		Zip 29		7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	SIEVES, JAMES W				
STREET ADDRESS	3500 LACEY RD				
CITY-ST-ZIP	DOWNERS GROVE IL				
TITLE	VSD	<input type="checkbox"/> DELETE			
NAME	MORAN, MICHAEL R.				
STREET ADDRESS	3500 LACEY RD				
CITY-ST-ZIP	DOWNERS GROVE IL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	STEELE, JOHN R				
STREET ADDRESS	3500 LACEY RD				
CITY-ST-ZIP	DOWNERS GROVE IL				
TITLE	AS	<input type="checkbox"/> DELETE			
NAME	DIVS, DEBORAH B				
STREET ADDRESS	3500 LACEY RD				
CITY-ST-ZIP	DOWNERS GROVE IL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	DAHLSTRAND, HAROLD S				
STREET ADDRESS	3500 LACEY RD				
CITY-ST-ZIP	DOWNERS GROVE IL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition					
1.2 NAME SIEVERS					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
5.2 NAME SR. VP					
5.3 STREET ADDRESS DAVID BOOTHBY					
5.4 CITY-ST-ZIP 3500 LACEY ROAD					
5.5 CITY-ST-ZIP DOWNERS GROVE, IL 60515					
6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

14. 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 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, with all other like empowered.

SIGNATURE:

Deborah B. Divis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-6-99
Date

(630) 769-2160
Daytime Phone #

CR2E034 (11/98)