FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 18 PM 4:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P36129** **(5)**

1. Corporation Name

ARCHIBALD CANDY CORPORATION

Principal Place of Business	Mailing Address
1137 WEST JACKSON BLVD. **CHICAGO IL 60607-2905**	**1137 WEST JACKSON BLVD.** **CHICAGO IL 60607-2905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/30/1991**	3a. Date of Last Report: **05/01/1994**
4. FEI Number: **36-0743280**	☐ 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. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION 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 **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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	11 TITLE		☐ Change ☐ Addition
NAME	QUINN, THOMAS	12 NAME		
STREET ADDRESS	% 1751 LAKE COOK ROAD	13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	MAX, ADAM E.	22 NAME		
STREET ADDRESS	%315 PARK AVE. SOUTH	23 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY	24 CITY-ST-ZIP		
TITLE	VCD	31 TITLE		☐ Change ☐ Addition
NAME	PERITZ, RICHARD M.	32 NAME		
STREET ADDRESS	%1137 W. JACKSON BLVD.	33 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	PETRIK, ALAN W	42 NAME		
STREET ADDRESS	%1137 W. JACKSON BLVD.	43 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	44 CITY-ST-ZIP		
TITLE	~~CFO~~	51 TITLE	CFO	☒ Change ☐ Addition
NAME	SECKER, JOSEPH S.	52 NAME		
STREET ADDRESS	1137 W. JACKSON BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	54 CITY-ST-ZIP		
TITLE	TS	61 TITLE		☐ Change ☐ Addition
NAME	JONES, JAMES H.	62 NAME		
STREET ADDRESS	%1137 W. JACKSON BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: _____ James H. Jones 4/13/95 (312) 243-2700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Secretary/Treasurer

040810 FP