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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P36129

(5)

1. Corporation Name
ARCHIBALD CANDY CORPORATION

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

Mailing Address
1137 WEST JACKSON BLVD.
CHICAGO IL 60607-2905



2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified
10/30/1991

3a. Date of Last Report
06/18/1996

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION 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 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 P ☐ DELETE
NAME SHEPERD, TED A
STREET ADDRESS 1137 W JACKSON BLVD
CITY-ST-ZIP CHICAGO IL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TS ☐ DELETE
NAME SNOPEK, DONNA M
STREET ADDRESS 1137 W JACKSON BLVD
CITY-ST-ZIP CHICAGO IL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VCD ☒ DELETE
NAME PERITZ, RICHARD M.
STREET ADDRESS %1137 W. JACKSON BLVD.
CITY-ST-ZIP CHICAGO IL

3.1 TITLE VCD ☒ Change ☐ Addition
3.2 NAME Adams E. Max
3.3 STREET ADDRESS 9 West 57th Street
3.4 CITY-ST-ZIP New York, NY. 10019 40th Floor

TITLE VP ☐ DELETE
NAME PETRIK, ALAN W
STREET ADDRESS %1137 W. JACKSON BLVD.
CITY-ST-ZIP CHICAGO IL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE CFO ☒ DELETE
NAME SECKER, JOSEPH S.
STREET ADDRESS 1137 W. JACKSON BLVD.
CITY-ST-ZIP CHICAGO IL

5.1 TITLE C.E.O ☒ Change ☐ Addition
5.2 NAME Thomas H Quinn
5.3 STREET ADDRESS 1751 Lake Cook Road
5.4 CITY-ST-ZIP Deerfield, IL 60015

TITLE TS ☒ DELETE
NAME JONES, JAMES H.
STREET ADDRESS %1137 W. JACKSON BLVD.
CITY-ST-ZIP CHICAGO IL

6.1 TITLE Assist. T.S. ☒ Change ☐ Addition
6.2 NAME Debra M. Marthaler
6.3 STREET ADDRESS 1137 W. Jackson Blvd.
6.4 CITY-ST-ZIP Chicago, IL 60607

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:

Debra M. Marthaler

1/21/97

(312) 243-2700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Asst. Secretary/Treasurer

Daytime Phone

CR2E034 (9/96)