

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2000 8:00 am
Secretary of State

05-24-2000 90191 009 ***150.00

00098384



DO NOT WRITE IN THIS SPACE

DOCUMENT # P36129

1. Entity Name
ARCHIBALD CANDY CORPORATION

Principal Place of Business

Mailing Address

WEST JACKSON BLVD.
 IL 60607-2905

1137 WEST JACKSON BLVD.
 CHICAGO IL 60607-2905

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-0743280**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 32301

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing ☐
 Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **SHEPHERD, TED A**
STREET ADDRESS **%1137 W. JACKSON BLVD.**
CITY-ST-ZIP **CHICAGO IL 60607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☒ Delete
NAME **SNOPEK, DONNA M**
STREET ADDRESS **1137 W JACKSON BLVD**
CITY-ST-ZIP **CHICAGO IL**

TITLE **V.P** ☐ Change ☒ Addition
NAME **KASVIN, THOMAS**
STREET ADDRESS **1137 W. JACKSON**
CITY-ST-ZIP **CHICAGO, IL. 60607**

TITLE **D** ☐ Delete
NAME **MAX, ADAM E**
STREET ADDRESS **767 5TH AVENUE, 48TH FL**
CITY-ST-ZIP **NEW YORK NY 10153**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **PETRIK, ALAN W**
STREET ADDRESS **%1137 W. JACKSON BLVD.**
CITY-ST-ZIP **CHICAGO IL 60607**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **CD** ☐ Delete
NAME **QUINN, THOMAS H**
STREET ADDRESS **1751 LAKE COOK ROAD**
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AST** ☒ Delete
NAME **MARTHALER, DEBRA M**
STREET ADDRESS **%1137 W. JACKSON BLVD.**
CITY-ST-ZIP **CHICAGO IL 60607**

TITLE ☐ Change ☒ Addition
NAME **Assistant Secretary**
STREET ADDRESS **EDWARD GORALSKI**
CITY-ST-ZIP **1137 W. JACKSON CHICAGO, IL. 60607**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Edward Goraliski*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Assistant Secretary 4/28/00

Date

Daytime Phone #

(312) 243-2700

CR2E034 (9/99)