

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2001 8:00 am
Secretary of State
04-10-2001 90097 041 ***150.00

0567697

DOCUMENT # P36129

1. Entity 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

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **36-0743280**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	SHEPHERD, TED A	
STREET ADDRESS	%1137 W. JACKSON BLVD.	
CITY-ST-ZIP	CHICAGO IL 60607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	KASVIN, THOMAS	
STREET ADDRESS	1137 W JACKSON	
CITY-ST-ZIP	CHICAGO IL 60607	
TITLE	D	<input type="checkbox"/> Delete
NAME	MAX, ADAM E	
STREET ADDRESS	767 5TH AVENUE, 48TH FL	
CITY-ST-ZIP	NEW YORK NY 10153	
TITLE	VP	<input type="checkbox"/> Delete
NAME	PETRIK, ALAN W	
STREET ADDRESS	%1137 W. JACKSON BLVD.	
CITY-ST-ZIP	CHICAGO IL 60607	
TITLE	CD	<input type="checkbox"/> Delete
NAME	QUINN, THOMAS H	
STREET ADDRESS	1751 LAKE COOK ROAD	
CITY-ST-ZIP	DEERFIELD IL 60015	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GORALSKI, EDWARD	
STREET ADDRESS	1137 W JACKSON	
CITY-ST-ZIP	CHICAGO IL 60607	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)