FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995 5-25-95 B-6919 C

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 25 AM 11:47

DOCUMENT # P38382 (8)

1. Corporation Name

CIRCLE FINE ART CORPORATION OF ILLINOIS

Principal Place of Business	Mailing Address
303 EAST WACKER, STE. 830 CHICAGO IL 60601	303 EAST WACKER, STE. 830 CHICAGO IL 60601

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/17/1992
3a. Date of Last Report: 02/16/1994

2. Principal Place of Business	2a. Mailing Address
21 303 E WACKER DR	26 303 E WACKER DR
Suite, Apt. #, etc. 22 SUITE 830	Suite, Apt. #, etc. 27 SUITE 830
City & State 23 CHICAGO IL	City & State 28 CHICAGO IL
Zip / Country 24 60601 / 25 U.S.A	Zip / Country 29 60601 / 30 U.S.A

4. FEI Number: 36-2547668 ☐ 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

7. 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 33324	81 Name: C T CORPORATION SYSTEM 82 Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND RD 83 84 City: PLANTATION FL 85 Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if signs now. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DC	11 TITLE	DC	☒ Change ☐ Addition
NAME	SOLOMON, JACK	12 NAME	JOEL STONE	
STREET ADDRESS	303 EAST WACKER DR.	13 STREET ADDRESS	303 E WACKER DR	
CITY ST ZIP	CHICAGO IL	14 CITY ST ZIP	CHICAGO IL 60601	
TITLE	DP	21 TITLE	DP	☐ Change ☐ Addition
NAME	SOLOMON, CAROLYN	22 NAME	LOUIS TASEEN	
STREET ADDRESS	303 EAST WACKER DR.	23 STREET ADDRESS	303 E WACKER DR	
CITY ST ZIP	CHICAGO IL	24 CITY ST ZIP	CHICAGO IL 60601	
TITLE	DVP	31 TITLE	DVP	☐ Change ☐ Addition
NAME	ATKIN, JOSEPH	32 NAME	JOSEPH ATKIN	
STREET ADDRESS	303 EAST WACKER DR.	33 STREET ADDRESS	303 E WACKER DR	
CITY ST ZIP	CHICAGO IL	34 CITY ST ZIP	CHICAGO IL 60601	
TITLE	S	41 TITLE	S	☐ Change ☐ Addition
NAME	SHATTIL, SIEGFRIED	42 NAME	JOSEPH ATKIN	
STREET ADDRESS	303 EAST WACKER DR.	43 STREET ADDRESS	303 E WACKER DR	
CITY ST ZIP	CHICAGO IL	44 CITY ST ZIP	CHICAGO, IL 60601	
TITLE	T	51 TITLE	T	☐ Change ☐ Addition
NAME	ATKIN, JOSEPH	52 NAME	JOSEPH ATKIN	
STREET ADDRESS	303 EAST WACKER DR.	53 STREET ADDRESS	303 E WACKER DR	
CITY ST ZIP	CHICAGO IL	54 CITY ST ZIP	CHICAGO IL 60601	
TITLE		61 TITLE	DVP	☐ Change ☐ Addition
NAME		62 NAME	CAROLYN SOLOMON	
STREET ADDRESS		63 STREET ADDRESS	303 E. WACKER DR	
CITY ST ZIP		64 CITY ST ZIP	CHICAGO IL 60601	

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 added, above or on an attachment with an address.

SIGNATURE: [signature] 5/15/95 (312) 616-1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0468021 FP