## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (8) CIRCLE FINE ART CORPORATION OF ILLINOIS Principal Place of Business Mailing Address 303 E WACKER DR. 303 E WACKER DR. SUITE 830 SUITE 830 CHICAGO IL 60601 CHICAGO IL 60601 3. Date Incorporated or Qualified 3a. Date of Last Report 04/17/1992 05/25/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 36-2547668 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be $\Box$ 23 28 Trust Fund Contribution Added to Fees Zφ Zip Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes Yes [] No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 82 1200 SOUTH PINE ISLAND RD. 83 PLANTATION FL 33324 84 City 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 titls if applicable. (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DC DELETE TITLE 1. 1 TITLE ☐ Change ☐ Addition JUEL STONE 303 E WACKER DR STONE, JOEL NAME 1.2 NAME 303 E WACKER DR. STREET ADDRESS 1.3 STREET ADDRESS CHICAGO IL CHICAGO IL 60601 CITY - ST - ZIP 14 CHY-ST-ZIP DELETE TITLE 2 1 TITLE Change ☐ Addition SOLOMON, CAROLYN NAME JOE 2.2 NAME ATKIN 303 E WACKER DR STREET ADDRESS 303 EAST WACKER DR. 2.3 STREET ADDRESS CHICAGO IL CITY - \$1 - ZIP CHICAGO IL 60601 2 4 CITY - ST - ZIP DELETE TITLE 3 1 TITLE DVP Change Addition ATKIN, JOSEPH GUNDEL SULLIVAN 303 E WACKER DR NAME 3.2 NAME 303 EAST WACKER DR. STREET ADDRESS 3.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP CHICAGO, IL 60601 3.4 CITY-ST-ZIP TITLE DELETE Change 4. 1 TITLE ☐ Addition JOE ATKIN 303 E WACKER DR SHATTIL, SIEGFRIED NAME 4.2 NAME 303 EAST WACKER DR. STREET ADDRESS 4.3 STREET ADORESS CHICAGO IL CITY - ST- ZIP (MICAGO, 16 60601 4.4 CITY - ST - ZIP TITLE ☐ DELETE 5 1 THILE Change ☐ Addition ATKIN, JOSEPH BRIAN BETTENCOURT 303 E WACKER DR NAME 5.2 NAME 303 EAST WACKER DR. STREET ADDRESS 5.3 STREET ADDRESS CHICAGO IL CITY-ST-ZIP CHICAGO 60601 5.4 CITY-ST-ZIP THLE **X** DELETE 6 1 TifLE Change ■ Addition YASEEN, LOUIS NAME 6.2 NAME 303 E WACKER DR. STREET ADDRESS 6.3 STREET ADDRESS CHICAGO FL 6.4 CITY - ST - ZIP 14. I do hereby certify that the information supp is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further application annual report is true and accurate and that my signature shall have the same legal effect as if made under acceiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name certify that the information indicated on thi oath; that I am an officer or cirector of the appears in Block 12 or Block 13 if chang

DRESIDENT 4/16/96
DIRECTOR

SIGNATURE: