

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90050 029 ***150.00

DOCUMENT # P96000032179

1. Corporation Name
TK PUBLISHING, INC.

Principal Place of Business
5422 CARRIER DR.
SUITE 201
ORLANDO FL 32819

Mailing Address
5422 CARRIER DR.
SUITE 201
ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/12/1996

4. FEI Number

59-3373048

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 161 N. Clark St.

23 City & State

27 Suite=4800

24 Zip

25 Country

28 Chicago, IL

29 Zip

30 60601

Country

US

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

TITLE P ☒ DELETE
NAME BENNETT, ROBERT
STREET ADDRESS 5138 HOOK HOLLOW CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

TITLE V ☒ DELETE
NAME STEIN, RUSSELL
STREET ADDRESS 1240 BEACON STREET, UNIT 2
CITY-ST-ZIP BROOKLINE MA 02146

TITLE T ☒ DELETE
NAME STEIN, STIRLEY
STREET ADDRESS 199 E. EMERSON ROAD
CITY-ST-ZIP LEXINGTON MA

TITLE S ☒ DELETE
NAME STEIN, HARVEY
STREET ADDRESS 199 E EMERSON ST
CITY-ST-ZIP LEXINGTON MA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Tarrington, Hugh
1.3 STREET ADDRESS 161 N. Clark St., ste. 4800
1.4 CITY-ST-ZIP Chicago, IL 60601

2.1 TITLE VP ☒ Change ☐ Addition
2.2 NAME whitley, Ralph
2.3 STREET ADDRESS 11640 N. 112th Place
2.4 CITY-ST-ZIP Scottsdale, AZ 85262

3.1 TITLE ST ☒ Change ☐ Addition
3.2 NAME Lenz, Bruce C.
3.3 STREET ADDRESS 161 N. Clark St., ste. 4800
3.4 CITY-ST-ZIP Chicago, IL 60601

4.1 TITLE AS ☐ Change ☒ Addition
4.2 NAME Gordon, Dale C.
4.3 STREET ADDRESS 161 N. Clark St., ste. 4800
4.4 CITY-ST-ZIP Chicago, IL 60601

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale C. Gordon

H-799

312-425-7000

Date

Daytime Phone #

CR2E034 (11/98)

0100702