FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR -4 AM 10:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S21499** **(6)**

1. Corporation Name

BRANDYWINE DC, INC.

Principal Place of Business	Mailing Address
% PAYROLL 8-3 MONTGOMERY WARD PLAZA CHICAGO IL 60671	% PAYROLL 8-3 MONTGOMERY WARD PLAZA CHICAGO IL 60671

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/26/1990**
3a. Date of Last Report: **04/13/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: **59-3090024** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET, SUITE 105
TALLAHASSEE FL 32301

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	HEINE, SPENCER H.	12 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60671	14 CITY-ST-ZIP	
TITLE	VAT	21 TITLE	☐ Change ☐ Addition
NAME	GATHANY, DOUGLAS V.	22 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60671	24 CITY-ST-ZIP	
TITLE	VT	31 TITLE	☐ Change ☐ Addition
NAME	HARMS, CAROL J.	32 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60671	34 CITY-ST-ZIP	
TITLE	VSD	41 TITLE	☐ Change ☐ Addition
NAME	MORGAN, TAD G.	42 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60671	44 CITY-ST-ZIP	
TITLE	ASD	51 TITLE	☐ Change ☐ Addition
NAME	DELK, PHILIP D.	52 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60671	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	WORKMAN, JOHN	62 NAME	
STREET ADDRESS	MONTGOMERY WARD PLAZA	63 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60671	64 CITY-ST-ZIP	

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)(k), 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.

SIGNATURE: John Wark **John Workman - Asst. Sec'y.** **03/30/95** **(312) 467 4914**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0477408 FP