UNOFFICIAL 4 (LE NO. 5 D \$130-297-4 2) FOR CHANGES ONLY FILE NO. ANNUAL REPORT FOR Please check box 1 or box 2 and pay the correct Secretary of State filing fee: of Illinois DONALD H. MOROWITZ 🗱 FILED ☐ 1. Annual Report Filing Fee.... \$15.00 ONLY Registered Agent 지 2. Annual Report Filing Fee with Agent or Office Change..... \$20.00 ONLY One N.LaSalle St., Ste. 700 Registered Office - Street Address JUN 74 1986 60602 (Cook) Chicago, Illinois City, County, IL Zip Code Secretary of State Corporation Department CORPORATE NAME OPTION PRODUCTS INC. 1.) DONALD H. MOROWITZ LTD **MEGISTERED AGENT** REGISTERED OFFICE ONE N. LASALLE ST., STE. 700 CHICAGO, SLLENOIS | 60602 CITY, STATE, ZIP CODE 8 3.) Federal Employers Identification Number (FEIN) State of incorporation III date of incorporation period of duration perpeturin; and if a foreign corporation; the address of the principal office in the State of incorporation is Chicago, Illinois 1730 W. Greenleaf Ave. The names and addresses of the officers and directors are: (If officers are directors, so state.) NUMBER & STREET STATE ZIP NAME OFFICE CITY 60626 111 Chicago 730 W. Greenleaf Ronald H. President Schimmel 60626 Chicago 30 V. Greenleaf Eileen Schimmel Secretary Tressurer 60626 **111** Chicago Director 1730 W. Greenleaf Ronald H. Schimmel 60626 Chicago 1730 W. Greenleaf Director Eileen Schimmel Director The type of business actually conducted in Illinois is: 86044669 Manufacturing Advertising Specialties Number of shares authorized and issued (as of December 31st) NUMBER AUTHORIZED NUMBER ISSUED SERIES PAR VALUE CLASS 5,000 NPV Common None 100.000 The amount of stated capital and paid-in 5,000.00 STATED CAPITAL surplus as of December 31st is: none PAID-IN SURPLUS 5,000.00 TOTAL (Please complete reverse side of this report) Under the penalty of perjury and as an authorized officer, I declare that this annual report and, if applicable, the statement of change of registered agent and/or office, pursuant to provisions of the Business Corporation Act, has been examined by me and is to the best of my knowledge and belief, true, correct, and complete. -President 1/10/86 Ву (Date) place. grad Officer's Signature) Pres required if changes listed in 2) (Title) 1/10/86 carporate seal. Secretary here. /. Attest (Secretary's or ass't, Secretary's Signature required only if changes listed in 2) (Title) (Date)

THIS REPORT MUST BE SIGNED

DO NOT DETACH

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