

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State

05-20-2002 90103 022 ***150.00

DOCUMENT # 838762

1. Entity Name
CANDLE CORPORATION OF AMERICA

Principal Place of Business

**999 E. TOUHY
 STE. #450
 DES PLAINES IL 60018
 US**

Mailing Address

**999 E. TOUHY
 STE. #450
 DES PLAINES IL 60018
 US**

80106128



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

11-1434610

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
 1240 SOUTH PINE ISLAND RD
 FORT LAUDERDALE FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	PLATAS, M. RUBEN	
STREET ADDRESS	1 EAST WEAVER ST.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	BROWNING, RICHARD	
STREET ADDRESS	1 EAST WEAVER ST	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOERGEN, BOB	
STREET ADDRESS	1 EAST WEAVER ST	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LAFORGE, ELWOND L	
STREET ADDRESS	1 EAST WEAVER ST	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	S	<input type="checkbox"/> Delete
NAME	KREIGER, BRUCE D	
STREET ADDRESS	1 EAST WEAVER ST.	
CITY-ST-ZIP	GREENWICH CT 06830	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	FAHEY, JOSEPH T	
STREET ADDRESS	1 EAST WEAVER ST.	
CITY-ST-ZIP	GREENWICH CT 06830	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERT H. BARGHAUS	
STREET ADDRESS	1 EAST WEAVER STREET	
CITY-ST-ZIP	GREENWICH, CT, 06831	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD T. BROWNING	
STREET ADDRESS	1 EAST WEAVER STREET	
CITY-ST-ZIP	GREENWICH, CT 06831	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRIS COLLINS	
STREET ADDRESS	999 EAST TOUHY AVE. STE 450	
CITY-ST-ZIP	DES PLAINES, IL 60018	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert H. Barghaus*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/02

Date

203 661 1926

Daytime Phone #

CFR2034 (9/01)