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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #
1. Corporation Name

F97000000560

By Bread Alone, Inc.

	·				(,		
Principal Place of Business Mailing Address					_		
208 W. Madison 208 W. Madison							
Oak Park, Illinois 60302 Oak Park, Illi				60302	DO NOT WRITE IN THIS SPACE		
June 1 de la 1111 de 111 de 111 de 111 de 111 de 1111				00302	3. Date Incorporated or Qualified		
					February 3, 1997		
Ь '	Place of Business 2a. Mailing A	ddress			4. FEI Number	A	pplied For
21	26				36-3482404		lot Applicable
Suite, Apt. #, etc Suite Apt. #, etc. 27 N/A					5. Certificate of Status Desired		Additional lequired
22 N/A 27 N/A City & State City & State City & State			-		6. Election Campaign Financing		May Be
23	28				Trust Fund Contribution	T	May Be to Fees
Zip	Country Zip	Co	untry		This corporation owes or has paid the current Personal Property Tax due June 30.		
24	25 29	30			Personal Property Tax due June 30.] Yes [No N/A
					10. Name and Address of New Registered A	igent	
81 Name							
Corporation Service Company				Street Addre	ess (P.O. Box Number is Not Acceptable)		
1201 Hays Street Tallahassee, Florida 32301					N/A		· · · · · · · · · · · · · · · · · · ·
Tallai	lassee, riorida 52501						
			84	City	FL	85 Zip	Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named co					oration submits this statement for the purpose of	changing i	ts registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.							
SIGNATURE N/A							
Signature hypert or printed name or registered agent and little if applicable (NOTE, Registered Agent signature required v							
12.	OFFICERS AND DIRECTORS	13.	17. E	T	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	COTB, Treasurer, Secretary	i				☐ Change	☐ Addition
NAME STREET ADDRESS	in the second se		1.2 NAME 1.3 STREET ADDRESS				
CITY-ST-ZIF	I						
TITLE	00.575		ITY-ST	- 211		Change	Addition
NAME	QEO, Fres., Abst. Secy.		AME			Onlange	- Addition
STREET ADDRESS	AEPTECAMOST HODINATED		2.3 STREET ADDRESS				
CITY-ST-ZIP	Oak Bark Illiands 60202		OTY-ST	- ZIP			
TITLE	Exec. Vice President DELETE 31		TLE		ŧ	Change	Addition
NAME	Stuart Fields	3.2 N	AM E				
STREET ADDRESS	200 117 11222011		TREET A	DDRESS			
CITY - ST - 7/P	000 575		ITY - ST	- ZIP			
1111.6	Cro –	DELETE 4.1 TI			· ·	☐ Change	☐ Addition
NAME	James E. Gaughan 208 W. Madison	4.2 N		0,0000			
SIREET ADDRESS	Oak Park, Illinois 60302			DDRESS			ļ
CITY-ST-ZIP TITLE		4.4 CI DELETE 5.1 TI	TLE	ZIP		Change	☐ Addition
NAME	Marlene Hopmayer	52N			'	Onlings	- nauriori
STREET ADDRESS	208 W. Madison	•		DORESS			ľ
CITY-ST-ZIF	Oak Park, Illinois 60302		TY-\$1-				
TITLE	Director	DELETE 61TI				Chaone	Addition
NAME		6 2 N			0000024361 -02/20/98010480	<u>4</u> U)	¹ દ
STREET ADDRESS	Jeffrey S Hopmayer 208 W. Madison	6351	IREE A	DORESS	-UZ/ZU/38U1U48L	102	217
CITY-S1-ZIP	Oak Park, Illinois 60302	6.4 CI	IY-SI-	ZIP	***150 . 00	•	

14. Thereby 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 aimual report or 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 aimual report or 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 aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on this aimual report or supplied with the information indicated on the i

SIGNATURE:

PRINTED NAME OF SIGNING REFEREN OR DIRECTOR

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(708) 445-1700

FILED

Feb 19 1998 8:00am

Secretary of State

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