

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

ANNUAL REPORT
1995



STATE OF FLORIDA
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

95 MAR -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P36704 (5)

IBD ACQUISITION, INC.

Principal Place of Business: 350 NORTH ORLEANS, 170 APPAREL CENTER, CHICAGO IL 60654
Mailing Address: 170 APPAREL CENTER, CHICAGO IL 60654, US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/11/1991
3a. Date of Last Report: 01/24/1994
4. FEI Number: 51-0289772
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

2. Principal Place of Business: 21
2a. Mailing Address: 26
22. State, Apt. #, etc.: 27
23. City & State: 28
24. Zip: 25
29. Country: 30

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. 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
85. Zip Code: FL

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: _____ DATE: _____
(NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	CP
NAME	SCHMIDT, RONALD S.
STREET ADDRESS	170 APPAREL CENTER
CITY, ST, ZIP	CHICAGO IL
TITLE	D
NAME	ARNOT, ROBERT J.
STREET ADDRESS	170 APPAREL CENTER
CITY, ST, ZIP	CHICAGO IL
TITLE	D
NAME	HECHLER, IRA J.
STREET ADDRESS	170 APPAREL CENTER
CITY, ST, ZIP	CHICAGO IL
TITLE	S
NAME	ROGERS, JOHN
STREET ADDRESS	170 APPAREL CENTER
CITY, ST, ZIP	CHICAGO IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William MARTIN
4.3 STREET ADDRESS	170 APPAREL CENTER
4.4 CITY - ST - ZIP	Chicago, IL
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), Florida Statutes. I further certify that the information disclosed 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 107, Florida Statutes; and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: DATE: 2/13/95 (312) 836-4477
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER OR DIRECTOR